



## Kennel Record

# A015524

E196A

Treatment History

E196A is a female, brn tabby and black domestic  
mh, no age

Intake Type  
STRAY

Due Out Date  
12/19/18

Intake Date  
11/19/18

Reason

Kennel Status  
UNAVAIL

Hold Notify

Sorry No  
Image at this  
Time :(

MICROCHIP: 982126054141

Location Picked Up/Found:  
ACE HARDWARE/CLARK

Animal Notes & Behavior History

Note: RETURNED TO OWNER 12/29/18

Intake By: SK

Printed 03/18/19 2:08 PM by SKAMM

**Town of Paradise Animal Control**  
925 American Dr. Paradise, CA 95969  
530-872-6275



# Animal Intake Form

Disaster Shelter 530.538.7019 - NVADG Hotline 530.895.0000 - BCAC Office 530552.3888

Evac Event #:

Strey

Animal ID #:

E196A

Incident Name:

Camp

Received By:

Kare

Date:

11/19/18

Time:

# of animals by the owner at this shelter:

Owner:

Name:

Address:

Cell #:

DL#:

Alt. Contact Name:

Alt. Contact #:

Ace Hardware

Clark Box

Where will the owner be staying during the emergency:

Stray animal picked up at:

## Animal Description:

Dog ☐ Cat ☒ Other

Breed: Long Hair

Male ☐ Female ☐ Spayed ☐ Neutered ☐

Color: Tabby

Approx. Age:

Animal Wearing Collar? Yes ☐ No ☐

Markings:

Animal Wearing Tags? Yes ☐ No ☐

If yes, describe

Microchipped? Yes need scan ☐

If yes, describe

Yes (#)

Special Needs/Remarks

No ☐

Has the owner been notified? No ☐ Phoned ☐ Results:

Paperwork Left ☐

## Liability Release

Due to a declared emergency, I am requesting Butte County Animal Control/NVADG to board my animal(s) (listed above) and agree to all of the following:

- 1) I understand that my animal(s) may be exposed to disease and other risks while being housed at the shelter or other facilities and therefore I will not hold Butte County/NVADG responsible for the health or death of my animal(s).
- 2) I agree to attempt to find alternate housing for my animal(s) as soon as possible.
- 3) I agree to contact the agency on a regular basis to keep Butte County/NVADG updated on my whereabouts & possible alternate housing.
- 4) I understand that this boarding agreement is temporary and I agree to make arrangements for or claim my pet(s) at the close of the shelter.
- 5) I understand that I will be subject to boarding fees after the close of the shelter.
- 6) I understand that photographs of myself and my animal(s) may be taken.

☐ I Allow

or

☐ I Decline

any photographs that are taken be released to the media or public view.

Owner's Signature

Date:

11/19/18

BC/NVADG Witness

11/19/18

I hereby acknowledge that I am the owner/responsible person for the above animal. I have taken custody of my animal and am now responsible for its care and transportation.

Owner's Signature at Release

Date/ Time:

White - Impound Facility

Yellow - BCAC

Pink - Citizen Copy



# Kennel Record

# A015455

CA155A

Ca155A is a spayed female, gray and white domestic  
lh, 3 years

T19-009027 01/19/19

Treatment History

NORMAL

BCAC:

Preventative: Frontline (Fipronil) 11/17/18

FVRCP: 11/17/18 FVRCP+L: 12/09/18

Rabies vaccine given: 12/01/18 (Rabvac 3)

Intake Type  
STRAY

Due Out Date  
01/19/19

Intake Date  
11/20/18

Reason

Kennel Status  
UNAVAIL

Hold Notify



Location Picked Up/Found:

MICROCHIP# 982126054140090

Animal Notes & Behavior History

ADOPTED 11/19/19

Intake By: SK

Printed 03/18/19 1:59 PM by SKAMM



# Animal Intake Form

Disaster Shelter 530.538.7019 - NVADG Hotline 530.895.0000 - BCAC Office 530.552.3888

Evac Event #:

Animal ID #:

Incident Name:

Received By:

Date:

Time:

# of animals by the owner at this shelter:

Name:

Address:

Cell #:

DL#:

Alt. Contact Name:

Alt. Contact #:

Where will the owner be staying during the emergency:

Stray animal picked up at:

Dog ☐

Cat ☒

Other ☐

Breed:

Male ☐

Female ☐

Spayed ☐

Neutered ☐

Color:

Approx. Age:

Animal Wearing Collar?

Yes ☐

No ☐

Markings:

Animal Wearing Tags?

Yes ☐

No ☐

If yes, describe

Microchipped?

Yes need scan ☐

If yes, describe

Additional Needs/Remarks

Yes (#)

No ☐

Has the owner been notified?

No ☐

Phoned ☐

Results:

Paperwork Left ☐

## Liability Release

Due to a declared emergency, I am requesting Butte County Animal Control/NVADG to board my animal(s) (listed above) and agree to all of the following:

- 1) I understand that my animal(s) may be exposed to disease and other risks while being housed at the shelter or other facilities and therefore I will not hold Butte-County/NVADG responsible for the health or death of my animal(s).
- 2) I agree to attempt to find alternate housing for my animal(s) as soon as possible.
- 3) I agree to contact the agency on a regular basis to keep Butte County/NVADG updated on my whereabouts & possible alternate housing.
- 4) I understand that this boarding agreement is temporary and I agree to make arrangements for or claim my pet(s) at the close of the shelter.
- 5) I understand that I will be subject to boarding fees after the close of the shelter.
- 6) I understand that photographs of myself and my animal(s) may be taken.

☐ I Allow

or

☐ I Decline

any photographs that are taken be released to the media or public view.

Owner's Signature

Date:

BC/NVADG Witness

I hereby acknowledge that I am the owner/responsible person for the above animal. I have taken custody of my animal and am now responsible for its care and transportation.

Owner's Signature at Release

White - Impound Facility

Yellow - BCAC

Date/ Time:

Pink - Citizen Copy





# Kennel Record

# A015533

CC234

Cc234 is a male, org tabby domestic mh, 4 years

Treatment History

Intake Type  
STRAY

Due Out Date  
03/27/19

Intake Date  
11/16/18

Reason

Kennel Status  
UNAVAIL

Hold Notify

Sorry No  
Image at this  
Time :(

MICROCHIP: 98212605254;

Location Picked Up/Found:  
UNK

## Animal Notes & Behavior History

NOTE: Retrieved to owner 1/16/19

Intake By: SK

Printed 03/18/19 1:35 PM by SKAMM

ACTIVITY NUMBER

# BUTTE COUNTY ANIMAL CONTROL

202 MIRA LOMA DRIVE  
OROVILLE, CALIFORNIA 95965  
(530) 538-7409 • (530) 891-2907  
FAX (530) 538-6329

13/23

ANIMAL ID NUMBER

CC 234

Impound Facility

Airport

Received By S. Martin

## IMPOUND FORM

Date Impounded 11/16/18 Time 2019 a.m./p.m. Release Date Officer

Animal picked up at Bay Tree Drive Paradise address (include closest cross street)

Reason for Impound stray; found at burned out residence

Dog Cat X Other

Breed

Color beige/orange (cream) Markings long hair

Animal wearing collar? Yes No X If yes, describe

Animal wearing tags? Yes No X If yes, describe

Microchipped? Yes (#) No

Condition of Animal healthy Remarks

Owner of Animal brought in by CHP

Address

City

Telephone

Zip

- ☐ Phoned  
☐ Impound Copy: Date Left  
☐ Letter: Date Sent

Has owner been notified?

## SURRENDER STATEMENT

I, the undersigned, owner or having control of the above described animal, release all claims to it to the Butte County Animal Control. I agree to hold the Butte County Animal Control, and its employees, free of all liability resulting from such transfer.

I also certify that to the best of my knowledge the said animal has / has not bitten any person within the past 14 days.  
(circle one)

I have read the above and understand the conditions.

PRINTED NAME DATE

ADDRESS SIGNATURE

CITY ZIP TELEPHONE NO.

ACTIVITY NUMBER \_\_\_\_\_

# BUTTE COUNTY ANIMAL CONTROL

202 MIRA LOMA DRIVE  
 OROVILLE, CALIFORNIA 95965  
 (530) 538-7409 • (530) 891-2907  
 FAX (530) 538-6329

ANIMAL ID NUMBER

CC 23

Impound Facility

11/20/18

Received By S. H. 51

## IMPOUND FORM

Date Impounded 11/14/18 Time 5:17 a.m./p.m. Release Date \_\_\_\_\_ Officer \_\_\_\_\_

Animal picked up at 1011 The Drive Paradise address (include close or cross street)

Reason for Impound stray, found at residence

Dog \_\_\_\_\_ Cat ☒ Other \_\_\_\_\_

Breed \_\_\_\_\_

Color beige, orange Markings 1 y 101

Animal wearing collar? Yes \_\_\_\_\_ No ☒ If yes, describe \_\_\_\_\_

Animal wearing tags? Yes \_\_\_\_\_ No ☒ If yes, describe \_\_\_\_\_

Microchipped? Yes (#) \_\_\_\_\_ No \_\_\_\_\_

Condition of Animal healthy Remarks \_\_\_\_\_

Owner of Animal brought in by CAP

Address

City

Telephone

Zip

☐ Phoned \_\_\_\_\_

☐ Impound Copy: Date Left \_\_\_\_\_

☐ Letter: Date Sent \_\_\_\_\_

Has owner been notified? \_\_\_\_\_

## SURRENDER STATEMENT

I, the undersigned, owner or having control of the above described animal, release all claims to it to the Butte County Animal Control. I agree to hold the Butte County Animal Control, and its employees, free of all liability resulting from such transfer.

I also certify that to the best of my knowledge the said animal has / has not bitten any person within the past 14 days.  
 (circle one)

I have read the above and understand the conditions.

PRINTED NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ SIGNATURE \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

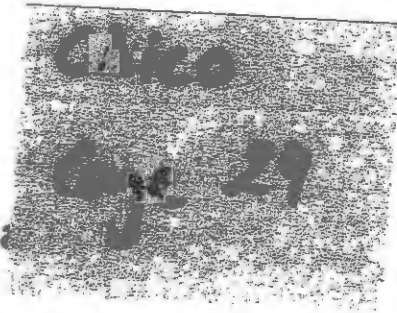
982 126 052 542 487



Butte County Animal Services

CC234

Chico Cage



Name	Shelter ID CC234	Microchip # 982 126 052 542 487	Sex Male
Breed DMH	Second Breed	Color Tan	Second color
Age Adult	Special marking	Date Found 11/16/18	Location Found
Photo	Photo	Photo	Photo

Phone 530-552-3888

Fax 530-538-6329

Email address BcAnimalcontrol@buttecounty.net

Vaccination	Date of administration	Preventative	Date of Administration
Rabies (required)	12/1/18 (Rabvac 3)	Frontline	11/17/18
FVRCP+L	11/18/18	Revolution	12/9/18
FVRCP+L	12/17/18		

Pertinent Medical History

*Handwritten: 12/18/18*

FVRCP: R = Rhinotracheitis; C = Calicivirus, P = Panleukopenia; L = Feline Leukemia



## Butte County Animal Passport



1. The animal depicted here is a resident of Butte county and is under the full control and management by Butte county Animal Services. All decisions regarding medical care, adoption, movement and handling must be cleared by Butte County Animal Services.
  2. Any medical issues with this animal must be conveyed to Butte County Animal Services via point of contact above. Animals needing advanced veterinary care can be referred to UC Davis VMTH Hospital in coordination with Butte County Animal Services.
  3. The Butte County Animal Passport will be valid for a period of 4 months and subject to renewal.
  4. The caretaking institution is responsible for proper husbandry and good animal welfare.
- I agree to the above clauses and will uphold agreements made with Butte county.**

FVRCP: R = Rhinotracheitis; C = Calicivirus, P = Panleukopenia; L = Feline Leukemia



## Kennel Record

# A015448

S113A

S113A is a male, brn tabby and white domestic sh, 1  
year 8 months

T19-009018 01/19/19

Treatment History

NORMAL

BCAnimal control@buttecounty.net Rabies vaccine given  
12/17/18 Rabvac 3

FVRCP+L 12/17/18

FVRCP: 11/18/18,

Intake Type

STRAY

Due Out Date

01/19/19

Intake Date

11/14/18

Reason

Kennel Status

UNAVAIL

Hold Notify



MICROCHIP: 982126054121

Location Picked Up/Found:

MICROCHIP # 982126054140039 W/3 KITTENS

Animal Notes & Behavior History

Intake By: SK

Printed 03/18/19 12:20 PM by jrobbins

**Town of Paradise Animal Control**  
925 American Dr. Paradise, CA 95969  
530-872-6275



# Animal Intake Form

Date: 11/14/2018 Time: 1:30

Owner:

Name:

Address:

Where will the owner be staying during ti

Stray animal picked up at:

Paradise - Drop

## Animal Description:

Dog ☐ Cat ☒ Other ☐

Breed: Grey/Black

Color: with white

Animal Wearing Collar? Yes ☐

Animal Wearing Tags? Yes ☐

Microchipped? Yes ☐

Special Needs/Remarks

Has the owner been notified? No ☐

Hero Animal Intake Form Found Animal 11/15

Evac Event #:

Animal ID #:

5113A

Incident Name:

Camp Fire

Received By:

# of animals by the owner at this shelter:

4 cats Mama + 3 kittens

Cell #:

DL#:

Alt. Contact Name:

Alt. Contact #:

Emergency:

Lost by Cyrell Vado

530-764-0217

Male ☐

Female ☐

Spayed ☐

Neutered ☐

Approx. Age:

6 by face

Markings:

White on front paws

No ☐

If yes, describe

No ☐

If yes, describe

an ☐

Yes (#)

No ☐

Phoned ☐

Results:

Paperwork Left ☐

## Liability Release

I, Butte County Animal Control/NVADG to board my animal(s) (listed above) and agree to all of the following

exposed to disease and other risks while being housed at the shelter or other facilities and therefore responsible for the health or death of my animal(s).

ing for my animal(s) as soon as possible.

lar basis to keep Butte

nt is temporary and I

arding fees after the cl

f and my animal(s) me

☐ I Decline

ponsible person for ti



ased to

y anir

Pink

Due to a declared emergency, I am requ

1) I understand that my animal(s) ma

I will not hold Butte County/NVADG

2) I agree to attempt to find alternate

3) I agree to contact the agency on a

4) I understand that this boarding ag

5) I understand that I will be subject to

6) I understand that photographs of n

☐ I Allow

Owner's Signature

BC/NVADG Witness

I hereby acknowledge that I am the owner and transportation.

Owner's Signature at Release

White - Impound Facility



## Kennel Record

# A015449

S113B

S113B is a male, org tabby domestic mh, 5 months

### Treatment History

T19-009019	01/19/19	NORMAL
BCAnimalcontrol@buttecounty.net: Rabies Vaccine given 12/17/18 Rabvac 3		
T19-009020	01/19/19	NORMAL
BCAC: FVRCP 11/18/18		
T19-009021	01/19/19	NORMAL
FVRCP+L 12/18/18		

Intake Type  
STRAY

Due Out Date  
01/19/19

Intake Date  
11/14/18

Reason

Kennel Status

UNAVAIL

Hold Notify



MICROCHIP: 98212605413;

Location Picked Up/Found:

MICROCHIP # 982126054135448 W/48, 50, 51

### Animal Notes & Behavior History

Intake By: SK

Printed 03/18/19 12:22 PM by jrobbins

**Town of Paradise Animal Control**  
925 American Dr. Paradise, CA 95969  
530-872-6275



Aero Union Airport Found Animal 2/9/18



# Animal Intake Form

Date: 11/14/2018 Time: 10  
Owner:   
Name:   
Address:   
Where will the owner be staying during the   
Stray animal picked up at: Paradise Dr  
Animal Description:   
Dog ☐ Cat ☒ Other ☐  
Breed: DSH  
Color: Orange  
Animal Wearing Collar? Yes ☐  
Animal Wearing Tags? Yes ☐  
Microchipped? Yes need ☐  
Special Needs/Remarks   
Has the owner been notified? No ☐

Evac Event #:   
Animal ID #: S1138  
Incident Name: Camp Fire  
Received By:   
# of animals by the owner at this shelter: 4 Cats - Mama + 3 kittens  
Cell #:   
Alt. Contact Name:   
Alt. Contact #:   
Agency:   
ed off by Citrus Valley 530-767-0217  
Male ☐ Female ☐ Spayed ☐ Neutered ☐  
Approx. Age: kitten  
Markings:   
No ☒ If yes, describe   
No ☒ If yes, describe   
Yes (#) ☐ No ☐  
Phoned ☐ Results:   
Paperwork Left ☐

## Liability Release

Butte County Animal Control/NVADG to board my animal(s) (listed above) and agree to all of the following:  
I understand that my animal(s) may be exposed to disease and other risks while being housed at the shelter or other facilities and therefore I will not hold Butte County/NVADG responsible for the health or death of my animal(s).  
I agree to attempt to find alternate housing for my animal(s) as soon as possible.  
I agree to contact the agency on a regular basis to keep Butte County/NVADG updated on my whereabouts & possible alternate housing.  
I understand that this boarding agreement is temporary and I agree to make arrangements for or claim my pet(s) at the close of the shelter.  
I understand that I will be subject to boarding fees after the close of the shelter.  
I understand that photographs of my animal(s) may be taken.  
☐ I Allow or ☐ I Decline any photographs that are taken be released to the media or public view.

Owner's Signature   
BC/NVADG Witness   
I hereby acknowledge that I am the owner of care and transportation.  
Owner's Signature at Release

Date:   
Responsible person for the above animal. I have taken custody of my animal and am now responsible for its   
Date/ Time:

White - Impound Facility

Yellow - BCAC

Pink - Citizen Copy



# Kennel Record

# A015450

S113C

S113C is a male, gray and white domestic sh, 5 months

## Treatment History

T19-009022 01/19/19

NORMAL

BCAC:

Treated for fleas: Fipronil (Frontline) on 11/17/18

Rabies Vaccine given: 12/17/18 (Rabvac 3)

FVRCP given: 11/18/18

FVRCP Booster: 12/18/18

Intake Type  
STRAY

Due Out Date  
01/19/19

Intake Date  
11/14/18

Reason

Kennel Status  
UNAVAIL

Hold Notify



MICROCHIP: 982126054141

Location Picked Up/Found:

MICROCHIP # 982126054140048 W/48,49,51

## Animal Notes & Behavior History

Intake By: SK

Printed 03/18/19 12:22 PM by jrobbins

Town of Paradise Animal Control  
925 American Dr. Paradise, CA 95969  
530-872-6275

11/15 Hero Union Chico

Found Animal (411 V)



# Animal Intake Form

Evac Event #: Airport

Animal ID #: S113C

Incident Name: Camp Fire

Received By:

Date: 11/14/2018 Time:

30 # of animals by the owner at this shelter: 4 cats mama + 3 kittens

Owner:

Name:

Address:

Cell #:

DL#:

Alt. Contact Name:

Alt. Contact #:

Where will the owner be staying during th

Emergency:

Stray animal picked up at: Paradise

Dropped off by Cyril Vado

530-764 0217

Animal Description:

Dog ☐ Cat ☒ Other

Male ☐ Female ☐ Spayed ☐ Neutered ☐

Breed: DSH

Approx. Age: Kitten

Color: Grey

Markings:

Animal Wearing Collar? Yes ☐

No ☒

If yes, describe

Animal Wearing Tags? Yes ☐

No ☒

If yes, describe

Microchipped? Yes ☐

an ☐

Yes (#)

No ☐

Special Needs/Remarks: open eyes

Has the owner been notified? No ☐

Phoned ☐

Results:

Paperwork Left ☐

## Liability Release

Due to a declared emergency, I am requ

g Butte County Animal Control/NVADG to board my animal(s) (listed above) and agree to all of the followi

- 1) I understand that my animal(s) ma
- 2) I agree to attempt to find alternate
- 3) I agree to contact the agency on a
- 4) I understand that this boarding agr
- 5) I understand that I will be subject to
- 6) I understand that photographs of n

exposed to disease and other risks while being housed at the shelter or other facilities and therefore

ing for my animal(s) as soon as possible.

lar basis to keep Butte County/NVADG updated on my whereabouts & possible alternate housing.

ent is temporary and I agree to make arrangements for or claim my pet(s) at the close of the shelter.

rding fees after the close of the shelter.

f and my animal(s) may be taken.

☐ I Allow

☐ I Decline

any photographs that are taken be released to the media or public view.

Owner's Signature

Date:

BC/NVADG Witness

I hereby acknowledge that I am the own

sponsible person for the above animal. I have taken custody of my animal and am now responsible for its

Owner's Signature at Release

Date/ Time:

White - Impound Facility

Yellow - BCAC

Pink - Citizen Copy



## Kennel Record

# A015451

S113D

S113D is a male, black and white domestic sh, 5 months

### Treatment History

T19-009023 01/19/19

NORMAL

BCAC: Frontline applied 11/17/18

Rabies Vaccine given: 12/17/18 (Rabvac 3)

FVRCP 11/18/18, FVRCP Booster +L: 12/18/18

### Intake Type

STRAY

### Due Out Date

01/19/19

### Intake Date

11/14/18

### Reason

### Kennel Status

UNAVAIL

### Hold Notify



MICROCHIP: 98212605254;

### Location Picked Up/Found:

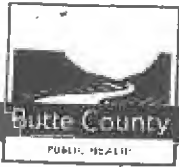
MICROCHIP # 982126052542198 W/48-50

### Animal Notes & Behavior History

Intake By: SK

Printed 03/18/19 12:24 PM by jrobins

**Town of Paradise Animal Control**  
925 American Dr. Paradise, CA 95969  
530-872-6275



2/9/25

# Animal Intake Form

Evac Event #:

Stray Found Animal

Animal ID #:

S113D

Incident Name:

Received By:

Date:

11/14/2018

Time:

730

# of animals by the owner at this shelter:

4 cats Mamma Kitt + 3 Kittens

Owner:

Name:

Address:

Where will the owner be staying during

Stray animal picked up at:

Pa

Animal Description:

Dog

☐

Cat

☒

Other

Breed:

DS

Color:

Black

Animal Wearing Collar?

Yes

Animal Wearing Tags?

Yes

Microchipped?

Yes

Special Needs/Remarks

C

Has the owner been notified?

No

Cell #:

DL#:

Alt. Contact Name:

Alt. Contact #:

emergency:

adise - picked up by Grill Verde  
530-764-0217

Male

☐

Female

☐

Spayed

☐

Neutered

☐

Approx. Age:

Kitten

Markings:

white hair on chest

No

☒

If yes, describe

No

☒

If yes, describe

scan

☐

Yes (#)

No

☐

in eyes

Phoned

☐

Results:

Paperwork Left

☐

## Liability Release

Due to a declared emergency, I am releasing

Butte County Animal Control/NVADG to board my animal(s) (listed above) and agree to all of the following

1) I understand that my animal(s) will be exposed to disease and other risks while being housed at the shelter or other facilities and therefore

I will not hold Butte County/NVADG responsible for the health or death of my animal(s).

2) I agree to attempt to find alternative housing for my animal(s) as soon as possible.

3) I agree to contact the agency on a regular basis to keep Butte County/NVADG updated on my whereabouts.

4) I understand that this boarding arrangement is temporary and I agree to make arrangements for or claim my boarding fees after the close of the shelter.

5) I understand that I will be subject to self and my animal(s) may be taken.

6) I understand that photographs of any photographs that are taken be released

☐ I Allow

☐ I Decline

any photographs that are taken be released

Owner's Signature

Date:

BC/NVADG Witness

I hereby acknowledge that I am the responsible person for the above animal. I have taken custody of my

Owner's Signature at Release

Date/ Time:



White - Impound Facility

Yellow - BCAC



## Kennel Record

# A015579

CC242

Cc242 is a male, choc pt ragdoll, 2 years

Treatment History

Intake Type

STRAY

Due Out Date

01/18/19

Intake Date

12/20/18

Reason

Kennel Status

UNAVAIL

Hold Notify

Sorry No  
Image at this  
Time :(

Location Picked Up/Found:

8613 STRAS WAY

Animal Notes & Behavior History

Note: RETURNED TO OWNER 1/18/19

Intake By: JR

Printed 03/18/19 12:15 PM by jrobbins

**Town of Paradise Animal Control**  
925 American Dr. Paradise, CA 95969  
530-872-6275

Room 12

# 13

ACTIVITY NUMBER

## BUTTE COUNTY ANIMAL CONTROL

202 MIRA LOMA DRIVE  
OROVILLE, CALIFORNIA 95965  
(530) 538-7409 • (530) 891-2907  
FAX (530) 538-6329

ANIMAL ID NUMBER

CC-242

Impound Facility

Airport

Bite #

Received By Dusty

## IMPOUND FORM

Date Impounded 11/17/18 Time 12:26 a.m. Release Date \_\_\_\_\_ Officer \_\_\_\_\_Animal picked up at 8613 Stiras Way, Paradise, CA  
address (include closest cross street)

Reason for Impound \_\_\_\_\_

Dog \_\_\_\_\_ Cat ☒ Other \_\_\_\_\_ M \_\_\_\_\_ F ☒ S \_\_\_\_\_ N \_\_\_\_\_Breed Ragdoll Siamese Approx. Age unknownColor Tan, grey, black Markings \_\_\_\_\_Animal wearing collar? Yes \_\_\_\_\_ No ☒ If yes, describe \_\_\_\_\_Animal wearing tags? Yes \_\_\_\_\_ No ☒ If yes, describe \_\_\_\_\_

Microchipped? Yes (#) \_\_\_\_\_ No \_\_\_\_\_

Condition of Animal well Remarks \_\_\_\_\_Owner of Animal unknown

Telephone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

☐ Phoned \_\_\_\_\_☐ Impound Copy: Date Left \_\_\_\_\_Has owner been notified? \_\_\_\_\_ ☐ Letter: Date Sent \_\_\_\_\_

## SURRENDER STATEMENT

I, the undersigned, owner or having control of the above described animal, release all claims to it to the Butte County Animal Control. I agree to hold the Butte County Animal Control, and its employees, free of all liability resulting from such transfer.

I also certify that to the best of my knowledge the said animal has / has not bitten any person within the past 14 days.  
(circle one)

I have read the above and understand the conditions.

DATE \_\_\_\_\_

- PRINTED NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

ACTIVITY NUMBER

**BUTTE COUNTY ANIMAL CONTROL**

202 MIRA LOMA DRIVE  
OROVILLE, CALIFORNIA 95965  
(530) 538-7409 • (530) 891-2907  
FAX (530) 538-6329

Koom 12

# 13

ANIMAL ID NUMBER

CC-242

Impound Facility

Airport

Bite #

Received By Dusty

**IMPOUND FORM**

Date Impounded 11/17/18 Time 12:20 am / 12:20 Release Date \_\_\_\_\_ Officer \_\_\_\_\_

Animal picked up at 8613 Strain Way, Paradise, CA  
address (include closest cross street)

Reason for Impound \_\_\_\_\_

Dog \_\_\_\_\_ Cat ☒ Other \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ S \_\_\_\_\_ N \_\_\_\_\_

Breed Ragdoll Siamese Approx. Age unknown

Color Tan, grey, black Markings \_\_\_\_\_

Animal wearing collar? Yes \_\_\_\_\_ No ☒ If yes, describe \_\_\_\_\_

Animal wearing tags? Yes \_\_\_\_\_ No ☒ If yes, describe \_\_\_\_\_

Microchipped? Yes (#) \_\_\_\_\_ No \_\_\_\_\_

Condition of Animal well Remarks \_\_\_\_\_

Owner of Animal unknown

Telephone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

☐ Phoned \_\_\_\_\_

☐ Impound Copy: Date Left \_\_\_\_\_

☐ Letter: Date Sent \_\_\_\_\_

Has owner been notified? \_\_\_\_\_

**SURRENDER STATEMENT**

I, the undersigned, owner or having control of the above described animal, release all claims to it to the Butte County Animal Control. I agree to hold the Butte County Animal Control, and it employees, free of all liability resulting from such transfer.

I also certify that to the best of my knowledge the said animal has / has not bitten any person within the past 14 days.  
(circle one)

I have read the above and understand the conditions.

DATE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_



12-2-18

Kenzie MeneFee (CC242) Female  
(530) 762-9027 or (530) 763-9119  
Foster or Adopt  
2333 Pillsbury RD, Chico, sister lived on stairs  
This cat was there  
everyday.  
We call her "CeCe" (Cabin cat)



Kennel Record

# A015471

CC204

Treatment History

Cc204 is a spayed female, gray tabby domestic sh, 4 years

Intake Type

STRAY

Due Out Date

01/23/19

Intake Date

11/18/18

Reason

Kennel Status

UNAVAIL

Hold Notify

Sorry No  
Image at this  
Time :(

Location Picked Up/Found:

Animal Notes & Behavior History

Note: RETURNED TO OWNER 1/23/19

ACTIVITY NUMBER

**BUTTE COUNTY ANIMAL CONTROL**

202 MIRA LOMA DRIVE  
OROVILLE, CALIFORNIA 95965  
(530) 538-7409 • (530) 891-2907  
FAX (530) 538-6329

ANIMAL ID NUMBER

Impound Facility

Bite #

Received By

**IMPOUND FORM**

Date Impounded 11/14/18 Time        a.m. / p.m. Release Date        Officer       

Animal picked up at Skyway & Flagstaff Rd Paradise  
address (include closest cross street)

Reason for Impound Camp Fire

Dog        Cat X Other       

Breed       

Color Gray Markings       

Animal wearing collar? Yes        No X If yes, describe       

Animal wearing tags? Yes        No X If yes, describe       

Microchipped? Yes (#)        No X

Condition of Animal Stray Remarks       

Owner of Animal       

Telephone       

Address       

City       

Zip       

☐ Phoned       

☐ Impound Copy: Date Left       

Has owner been notified?        ☐ Letter: Date Sent       

**SURRENDER STATEMENT**

I, the undersigned, owner or having control of the above described animal, release all claims to it to the Butte County Animal Control. I agree to hold the Butte County Animal Control, and its employees, free of all liability resulting from such transfer.

I also certify that to the best of my knowledge the said animal has / has not bitten any person within the past 14 days.  
(circle one)

I have read the above and understand the conditions.

DATE       

PRINTED NAME        SIGNATURE       

ADDRESS       

CITY        ZIP        TELEPHONE NO.



Animal ID:  
**A0928779**  
Kennel No:  
**CAT03-E**  
Intake Date:  
**11/14/18**  
Status:  
**STRAY**



Age:  
**2Y 0M**  
Sex:  
**UNALTERED FEMALE**  
Weight:  
**8.80 LBS**  
Color:  
**BROWN**

Collar:  
**NONE**  
Markings:

Intake Type: **STRAY**

Intake Subtype: **OTC**

Microchip Scan: **YES NEGATIVE** on 11/14/18 @ 1:32 pm

Location Found: **0 SKYWAY X WAGSSTAFF RD PARADISE**

Assessment Date: **11/20/18**

11/14/2018 1:40:29PM

*Bill  
(1500/10/18)  
Transport  
Chino  
8/16/18  
24-2  
24/10/18  
1598*

**DDA, PDA & PDA EXP, AGGRESSIVE, UNPREDCTBL, HYPERACTIV, ACTIVE, TIMID, FRIENDLY, DULL**  
C:\Program Files\Chameleon Software\Chameleon\Crystal\F3 Reports\Kennel Card\_RS.rpt



## Kennel Record

# A015532

CA166A

Ca166A is a neutered male, brn tabby and white domestic sh, 4 years

## Treatment History

T19-009072 02/27/19

WOUND

12/08/2018 Care Animal Hosp-Redding ID#3339, File #: 2891  
Treated for burns on front feet

Intake Type

STRAY

Due Out Date

12/14/18

Intake Date

11/14/18

Reason

Kennel Status

UNAVAIL

Hold Notify

Location Picked Up/Found:

NEAR RITE AID -MAGALIA

Sorry No  
Image at this  
Time :(

MICROCHIP: 982126054141

## Animal Notes & Behavior History

Note: WAS RETURNED TO OWNER 12/29/18

Intake By: SK

Printed 03/18/19 12:04 PM by SKAMM

**Town of Paradise Animal Control**  
925 American Dr. Paradise, CA 95969  
530-872-6275

#474



# Animal Intake Form

Disaster Shelter 530.538.7019 - NVADG Hotline 530.895.0000 - BCAC Office 530552.3888

Evac Event #:	Animal ID #: CA 1460A
Incident Name:	Received By:

Date: 11.14.18	Time: 1830	# of animals by the owner at this shelter:
Owner:		
Name:	Cell #:	DL#:
Address: Found by CalFire Rite Aid area Magalia		Alt. Contact Name:
		Alt. Contact #:
Where will the owner be staying during the emergency:		
Stray animal picked up at:		
Animal Description:		
Dog <input type="checkbox"/>	Cat <input checked="" type="checkbox"/>	Other <input type="checkbox"/>
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Spayed <input type="checkbox"/>
Neutered <input type="checkbox"/>		
Breed: DSH	Approx. Age:	
Color: Tabby	Markings:	
Animal Wearing Collar?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Animal Wearing Tags?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Microchipped?	Yes need scan <input type="checkbox"/>	Yes (#) No <input type="checkbox"/>
Special Needs/Remarks		
Has the owner been notified? No <input type="checkbox"/>		
Phoned <input type="checkbox"/>	Results:	Paperwork Left <input type="checkbox"/>

## Liability Release

Due to a declared emergency, I am requesting Butte County Animal Control/NVADG to board my animal(s) (listed above) and agree to all of the following:

- 1) I understand that my animal(s) may be exposed to disease and other risks while being housed at the shelter or other facilities and therefore I will not hold Butte County/NVADG responsible for the health or death of my animal(s).
- 2) I agree to attempt to find alternate housing for my animal(s) as soon as possible.
- 3) I agree to contact the agency on a regular basis to keep Butte County/NVADG updated on my whereabouts & possible alternate housing.
- 4) I understand that this boarding agreement is temporary and I agree to make arrangements for or claim my pet(s) at the close of the shelter.
- 5) I understand that I will be subject to boarding fees after the close of the shelter.
- 6) I understand that photographs of myself and my animal(s) may be taken.

☐ I Allow or ☐ I Decline any photographs that are taken be released to the media or public view.

Owner's Signature	Date:
BC/NVADG Witness	
I hereby acknowledge that I am the owner/responsible person for the above animal. I have taken custody of my animal and am now responsible for its and transportation.	
Owner's Signature at Release	Date/ Time:

White - Impound Facility      Yellow - BCAC      Pink - Citizen Copy

Trans to Pet business



## Kennel Record

# A015456

E139A

E139A is a female, brn tabby domestic sh, 3 years

### Treatment History

T19-009028 01/19/19

NORMAL

BCAC: Preventative: Advantage II

Rabies Vaccination given: 12/01/18 (Rabvac 3)

FVRCP+L: 12/01/18 FVRCP+L: 12/16/18

Burn Treatments R front, L hind

Intake Type  
RETURN

Due Out Date  
01/22/19

Intake Date  
01/22/19

Reason

Kennel Status  
UNAVAIL

Hold Notify



MICROCHIP: 98212605413

Location Picked Up/Found:

ADOPTER CHANGED MIND.

### Animal Notes & Behavior History

NOTE: ADOPTED FEB. 21, 2019

Intake By: JR

Printed 03/18/19 12:01 PM by SKAMM

Town of Paradise Animal Control

925 American Dr. Paradise, CA 95969

530-872-6275



# Animal Intake Form

Disaster Shelter 530.538.7019 - NVADG Hotline 530.895.0000 - BCAC Office 530552.3888

Evac Event #:

Animal ID #:

StroX  
E139A

Incident Name:

Camp Fire

Received By:

Karen

Date:

11/18/18

Time:

1724

# of animals by the owner at this shelter:

Owner:

Name:

Cell #:

DL#:

Address:

1683 Gate Lane  
Paradise

Alt. Contact Name:

Alt. Contact #:

Where will the owner be staying during the emergency:

Stray animal picked up at:

## Animal Description:

Dog ☐ Cat ☒ Other

Male ☐ Female ☐ Spayed ☒ Neutered ☐

Breed: Domi.

Approx. Age:

Color: Brown Tabby

Markings:

Animal Wearing Collar? Yes ☐ No ☐

If yes, describe

Animal Wearing Tags? Yes ☐ No ☐

If yes, describe

Microchipped? Yes need scan ☐

Yes (#)

No ☐

Special Needs/Remarks

Has the owner been notified? No ☐

Phoned ☐

Results:

Paperwork Left ☐

## Liability Release

Due to a declared emergency, I am requesting Butte County Animal Control/NVADG to board my animal(s) (listed above) and agree to all of the following:

- 1) I understand that my animal(s) may be exposed to disease and other risks while being housed at the shelter or other facilities and therefore I will not hold Butte County/NVADG responsible for the health or death of my animal(s).
- 2) I agree to attempt to find alternate housing for my animal(s) as soon as possible.
- 3) I agree to contact the agency on a regular basis to keep Butte County/NVADG updated on my whereabouts & possible alternate housing.
- 4) I understand that this boarding agreement is temporary and I agree to make arrangements for or claim my pet(s) at the close of the shelter.
- 5) I understand that I will be subject to boarding fees after the close of the shelter.
- 6) I understand that photographs of myself and my animal(s) may be taken.

☐ I Allow

or

☐ I Decline

any photographs that are taken be released to the media or public view.

Owner's Signature

Date:

11/18/18

BC/NVADG Witness

K. Fahn

I hereby acknowledge that I am the owner/responsible person for the above animal. I have taken custody of my animal and am now responsible for its care and transportation.

Owner's Signature at Release

Date/ Time:

White - Impound Facility

Yellow - BCAC

Pink - Citizen Copy






1683 Gate In  
No cho.

ANIMAL ID NUMBER E139A

(Form to remain with animal!)

(Return Care Schedule with clipboard to Intake when animal is released.)

OWNER	Last Name:		First Name:			
<div> <div> Name Species Breed Color/markings Gender ID (collar/tag/etc. DESCRIBE) </div> <div>  Fel Domish Brown Tabby <div> <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Spay/Neuter <input checked="" type="checkbox"/> Intact </div> </div> </div>						

**List medical problems, necessary medications, or dietary needs? Include time & method normally administered and any other details.**

**List behavioral characteristics of which we should be advised.**

**SPECIAL INSTRUCTIONS:**

Under Vet Care ☐

## Picture YES



RECORD Use the current date to record Wakes, Feeds and Cage Cleaned.

[illegible]



**Kennel Record**

**# A015577**

**CA221A**

Treatment History

**Ca221A is a neutered male, sl lynx pt and white  
siamese, 5 months**

Intake Type  
**STRAY**

Due Out Date  
**01/18/19**

Intake Date  
**12/20/18**

Reason

Kennel Status  
**UNAVAIL**

Hold Notify

**Sorry No  
Image at this  
Time :(**

**MICROCHIP: 982126054131**

Location Picked Up/Found:

Animal Notes & Behavior History

*NOTE: WAS ADOPTED 1/18/19*



**Kennel Record**

**# A015577**

**CA221A**

Treatment History

**Ca221A is a neutered male, sl lynx pt and white  
siamese, 5 months**

Intake Type  
**STRAY**

Due Out Date  
**01/18/19**

Intake Date  
**12/20/18**

Reason

Kennel Status  
**UNAVAIL**

Hold Notify

**Sorry No  
Image at this  
Time :(**

**MICROCHIP: 982126054131**

Location Picked Up/Found:

Animal Notes & Behavior History

*Note: was ADOPTED 1/18/19*



# NVADG Animal Care Schedule

Room 014

\*IF NOT CLAIMED!  
 GA ROLL CRULLICKSON  
 530-828-1644

~~Adopted~~  
~~530-828-1644~~

Graylen Crooks  
 adopt 858-888-0045  
 Intake # CC221

(Form to remain with animal!)

(Return Care Schedule with clipboard to Intake when animal is released.)

OWNER	Last Name: <u>unknown</u>	First Name: <u>unknown</u>
Description of Animal		
Name	Species	Breed
	Fel	DSH
Color/markings	Gender	ID (collar/tag/etc.)
white/grey	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Spay/Neuter <input checked="" type="checkbox"/> Intact	DESCRIBE <u>Neck</u>

List medical problems, necessary medications, or dietary needs? Include time & method normally administered and any other details.

n/a

List behavioral characteristics of which we should be advised.

DO NOT FEED FISH

SPECIAL INSTRUCTIONS:

Under Vet Care ☐

Picture YES ☐



RECORD (Use the current page to record daily walks, fed and cage cleaned)

Date	Walked	Fed	Cage Cleaned	Comments
11/15/18				Arrived
11/16				Eat,
11/16	5:00	✓	✓	eating, drinking.
11/16 1930	<del>4:30</del>		✓	poop
11/17 0630	H2O	X	X	has diarrhea, eating
11/17 1900	✓	✓	✓	has diarrhea
11/18	0600	✓	✓	Good. F.F
11/18/18	<div> <p>1 Dose - 0.2 ml Feline Panleukopenia Vaccine, Modified Live Virus</p> <p>U.S. Vet License No. 213 Diamond Animal Health, Inc. Des Moines, IA 50327 USA 1-888-545-5973 010339</p> </div> <div> <p>1 Dose - 0.2 ml Feline Panleukopenia Vaccine, Modified Live Virus</p> <p>U.S. Vet License No. 213 Diamond Animal Health, Inc. Des Moines, IA 50327 USA 1-888-545-5973 010339</p> </div>			<div> <p>Int-annual Exam Vet - OK</p> </div>
11/18	1700	✓	✓	good appetite/diarrhea
11/19 0730		X	X	all good
11/19 0851				Veterinary exam - Adorable
11/19 056 PM			X	happy, normal wine
11/20 7:44		✓	✓	Happy good ap, good stool
11/20/18 10:20 pm	✓	✓	✓	visited exam - mild
11/20/18 1800 pm	X	X	X	
11/21/18	H2O	X	X	Good!
11/21/18	H2O	X	X	eat, poop, pee
11/22	H2O	X	X	
11/22/18	14:00	✓	✓	Fed Day kitten, water, Pooping

11/17 frontline applied

# Animal Care Schedule

INITIAL ID NUMBER CC221

(Animal Care Schedule with completed intake when animal is released.)

First Name:

Breed	Color/markings	Gender	ID (collar/tag/etc.) DESCRIBE
DSH	white/ gray	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Spay/Neuter <input type="checkbox"/> Intact	nef

Is there any special dietary needs? Include time & method normally administered and any other

not feed fish  
no could be advised.

Under Vet Care ☐

Picture YES ☐



Date		Comments
10/20	✓	good, playful, sneezing
10/20	✓	good, spot cleaned
10/20	✓	good
10/20	✓	P+M (7:00) revolution
10/20	✓	no poop
10/20	✓	solid fecal, ate all dry food from 12/12
10/20	✓	14/19 spot cleaned cleaned / good H
10/20	✓	Spot clean and fed
10/20	✓	U850 after pee, bm
10/20	✓	Active
10/20	✓	P+PM
10/20	✓	changed litter fed cleaned cats both dry
10/20	✓	& wet
10/20	✓	1015
10/20	✓	1533
10/20	✓	FED DRY KITTEN FOOD
10/20	✓	FED DRY KITTEN FOOD



# NVADG Animal Care Schedule

2/3

Intake # CC221

RECORD (Use the current time to record Walked, Fed and Cage Cleaned)					
Date	Walked	Fed	Cage Cleaned	H	Comments
11/22/18					HAS FEED WATER CLEAN LITTER
11/23	1500	✓	✓		Diarrhea in box
11/23	1900				Diarrhea
11/24 0845	✓	✓	✓		Diarrhea
11/24 1524	✓	✓	✓		Diarrhea
11/24 1715					RA
11/24 1800	✓	✓	✓		
11/25 1130	✓	✓	✓		loved a bit
11/26 14:36	✓	✓	✓		Wmo
11/26	1600	✓	✓		loose stool
<del>11/27</del>					11
11/27	✓	✓	✓		
11/27	1600	✓	✓		loose stool
11/28	8AM ✓	✓	✓		✓
<del>11/29</del>					
11/29/18		0810	0810		Poo & Pee - formed poop
<del>11/29/18</del>	<del>1540</del>				normal & Vam except post-bell
11/29/18	1530		✓		good pee &
11/30/18	0845	✓	✓		good poop, pee / appetite
11/30	1800	✓	✓		good
12-1	0800	✓	✓		good poop, pee / appetite
12/1	1745	✓			
12/2	0800	✓	✓		good poop, pee /
12/2	✓	✓	✓		good
12/3					Solid stool, no concerning Diarrhea
12/3	914	914	914		
12/3	1221		1224		spot clean
12/4	0850	✓	✓		good
12/4	✓	✓	✓		good
12/5	0830	0830	0830		
12/6	800	✓	✓		good
12/6	1551	✓	✓		clean, new water, play / pet
12/7	0754	0754	0754		

# NVADG Small Animal Care Schedule



ANIMAL ID NUMBER CC224

(Form to remain with animal!)

(Return Care Schedule with clipboard to Intake when animal is released.)

OWNER	Last Name:	First Name:				
Description of animal						
Name	Species	Breed	Color/markings	Gender	ID (collar/tag/etc.) DESCRIBE	
	Fel	DSH	white/ grey	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Spay/Neuter <input type="checkbox"/> Intact	nef	

List medical problems, necessary medications, or dietary needs? Include time & method normally administered and any other details.

Do not feed fish

List behavioral characteristics of which we should be advised.

SPECIAL INSTRUCTIONS:

Under Vet Care ☐

Picture ☒



RECORD (Use in column line to record Walked, Fed and Cage Cleaned)

Date	Walked	Fed	Cage Cleaned	Comments
12/8	1102	✓	✓	good, playful, sneezing
12/9	16:00	16:00	16:00	good, spot cleaned
12/9	1040	✓	✓	good
12/9	1100			
12/10	0949	0949	0949	Pee, no Poop
12/11	0959	✓	✓	solid fecal, ate all dry food from 12/12
12/11			1419	Spot cleaned
12/12	830am	✓	✓	cleaned / good
12/12				Spot clean and fed.
12/13/18		0850	0850	Ate, pee, bm
12/13/18		1500		
12/14/18	0745	✓	✓	Active
	1540		✓	P + BM
12/15/18		10:15	✓	Changed litter fed
<b>12/15</b>		✓		cleaned eats both dry & wet
12/16/18		✓ 1015	✓ 1015	FED DRY KITTEN FOOD
12/16/18		✓ 1533	✓ 1533	FED DRY KITTEN FOOD



ANIMAL ID NUMBER





CC 221A

RECORD (Use the current time to record Walked, Fed and Cage Cleaned)



982 126 054 138 1



	CC221A	982-126-054-138-113	sex Male intact
Breed DSH	Second Breed	Color white	Second color grey
Age Juvenile	Special marking All grey tail	Date Found 11/15/18	Location Found
Photo 	Photo 	Photo 	Photo 
Part II - Identification of Butte County Point of Contact			
Phone 530-552-3888	Fax 530-538-6329	Email address BCAnimalcontrol@buttecounty.net	
Part III - Health Examination			
Vaccination	Date of administration	Preventative	Date of Administration
Rabies (required)	12/9/18 (rabvac3)	Frontline	11/17/18
FVRCP	11/18/18	Pyrantel	12/9/18
FVRCP+L	12/9/18	Revolution	12/9/18

FVRCP: R = Rhinotracheitis; C = Calicivirus, P = Panleukopenia; L = Feline Leukemia



## **Butte County Animal Passport**



**Pertinent Medical History**

- 1. The animal depicted here is a resident of Butte county and is under the full control and management by Butte county Animal Services. All decisions regarding medical care, adoption, movement and handling must be cleared by Butte County Animal Services.**
  - 2. Any medical issues with this animal must be conveyed to Butte County Animal Services via point of contact above. Animals needing advanced veterinary care can be referred to UC Davis VMTH Hospital in coordination with Butte County Animal Services.**
  - 3. The Butte County Animal Passport will be valid for a period of 4 months and subject to renewal.**
  - 4. The caretaking institution is responsible for proper husbandry and good animal welfare.**
- I agree to the above clauses and will uphold agreements made with Butte county.**

ACTIVITY NUMBER

**BUTTE COUNTY ANIMAL CONTROL**202 MIRA LOMA DRIVE  
OROVILLE, CALIFORNIA 95965  
(530) 538-7409 • (530) 891-2907  
FAX (530) 538-6329Room 13/101  
Room

ANIMAL ID NUMBER

CC221

Impound Facility

Airport

Received By Dusty

Bite #

**IMPOUND FORM**Date Impounded 11/16/18 Time 3:29 a.m./p.m. Release Date \_\_\_\_\_ Officer \_\_\_\_\_Animal picked up at Aquatic Park Paradise  
address (include closest cross street)Reason for Impound Found in evacuation areaDog \_\_\_\_\_ Cat X Other \_\_\_\_\_ M X F \_\_\_\_\_ S \_\_\_\_\_ N \_\_\_\_\_Breed DSH <sup>intact</sup> Approx. Age kittenColor white, Grey Markings \_\_\_\_\_Animal wearing collar? Yes \_\_\_\_\_ No X If yes, describe \_\_\_\_\_Animal wearing tags? Yes \_\_\_\_\_ No X If yes, describe \_\_\_\_\_Microchipped? unknown Yes (#) \_\_\_\_\_ No \_\_\_\_\_Condition of Animal well Remarks \_\_\_\_\_Owner of Animal unknown

Telephone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

☐ Phoned \_\_\_\_\_☐ Impound Copy: Date Left \_\_\_\_\_Has owner been notified? \_\_\_\_\_ ☐ Letter: Date Sent \_\_\_\_\_**SURRENDER STATEMENT**

I, the undersigned, owner or having control of the above described animal, release all claims to it to the Butte County Animal Control. I agree to hold the Butte County Animal Control, and its employees, free of all liability resulting from such transfer.

I also certify that to the best of my knowledge the said animal has / has not bitten any person within the past 14 days.  
(circle one)

☒ I have read the above and understand the conditions.

DATE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

Room 13/101  
Room

ACTIVITY NUMBER

**BUTTE COUNTY ANIMAL CONTROL**

202 MIRA LOMA DRIVE  
OROVILLE, CALIFORNIA 95965  
(530) 538-7409 • (530) 891-2907  
FAX (530) 538-6329

ANIMAL ID NUMBER

CC221

Impound Facility

Airport

Bite #

Received By Dusty

**IMPOUND FORM**

Date Impounded 11/16/18 Time 3:29 a.m./p.m. Release Date \_\_\_\_\_ Officer \_\_\_\_\_

Animal picked up at Aquatic Park, Paradise  
address (include closest cross street)

Reason for Impound Found in evacuation area

Dog \_\_\_\_\_ Cat X Other \_\_\_\_\_ M X F \_\_\_\_\_ S \_\_\_\_\_ N \_\_\_\_\_

Breed DSH intact  
Approx. Age kitten

Color white, Grey Markings \_\_\_\_\_

Animal wearing collar? Yes \_\_\_\_\_ No X If yes, describe \_\_\_\_\_

Animal wearing tags? Yes \_\_\_\_\_ No X If yes, describe \_\_\_\_\_

Microchipped? unknown Yes (#) \_\_\_\_\_ No \_\_\_\_\_

Condition of Animal well Remarks \_\_\_\_\_

Owner of Animal unknown

Telephone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

☐ Phoned \_\_\_\_\_

☐ Impound Copy: Date Left \_\_\_\_\_

Has owner been notified? \_\_\_\_\_ ☐ Letter: Date Sent \_\_\_\_\_

**SURRENDER STATEMENT**

I, the undersigned, owner or having control of the above described animal, release all claims to it to the Butte County Animal Control. I agree to hold the Butte County Animal Control, and its employees, free of all liability resulting from such transfer.

I also certify that to the best of my knowledge the said animal has / has not bitten any person within the past 14 days.  
(circle one)

I have read the above and understand the conditions.

DATE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_



**Kennel Record**

**# A015578**

**CC231**

Treatment History

**Cc231 is a male, gray and white domestic sh, 3 years**

Intake Type

**STRAY**

Due Out Date

**01/18/19**

Intake Date

**12/20/18**

Reason

Kennel Status

**UNAVAIL**

Hold Notify

**Sorry No  
Image at this  
Time :(**

Location Picked Up/Found:

**6835 PENTZ ROAD**

Animal Notes & Behavior History

**Note: RTO 12/29/18**

ACTIVITY NUMBER

**BUTTE COUNTY ANIMAL CONTROL**

202 MIRA LOMA DRIVE  
 OROVILLE, CALIFORNIA 95965  
 (530) 538-7409 • (530) 891-2907  
 FAX (530) 538-6329

ANIMAL ID NUMBER

13/65  
1C231

Impound Facility

Bite #

Received By Jennifer Acker**IMPOUND FORM**Date Impounded 11/16/18 Time 1930 a.m./p.m. Release Date \_\_\_\_\_ Officer \_\_\_\_\_Animal picked up at Near 6835 Pentz Rd. (found by PG&E worker  
address (include closest cross street) Eric Rogers)Reason for Impound fileDog \_\_\_\_\_ Cat ☒ Other \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ S \_\_\_\_\_ N \_\_\_\_\_Breed DSH Approx. Age \_\_\_\_\_Color gray/white Markings white chest, mostly black nose  
tipped earAnimal wearing collar? Yes \_\_\_\_\_ No ☒ If yes, describe \_\_\_\_\_Animal wearing tags? Yes \_\_\_\_\_ No ☒ If yes, describe \_\_\_\_\_

Microchipped? Yes (#) \_\_\_\_\_ No \_\_\_\_\_

Condition of Animal good Remarks \_\_\_\_\_

Owner of Animal \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

☐ Phoned \_\_\_\_\_☐ Impound Copy: Date Left \_\_\_\_\_Has owner been notified? ☐ Letter: Date Sent \_\_\_\_\_**SURRENDER STATEMENT**

I, the undersigned, owner or having control of the above described animal, release all claims to it to the Butte County Animal Control. I agree to hold the Butte County Animal Control, and its employees, free of all liability resulting from such transfer.

I also certify that to the best of my knowledge the said animal has / has not bitten any person within the past 14 days.  
(circle one)

I have read the above and understand the conditions.

DATE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

White - Impound Facility / Yellow - BCAC / Pink - Citizen Copy



## Kennel Record

# A015453  
CA127B

Ca127B is a female, brn tabby and org tabby  
domestic sh, 3 years

## Treatment History

T19-009025 01/19/19

NORMAL

BCAC: Preventative: Fipronil (Frontline) given 11/17/18

FVRCP: 11/18/18 FVRCP+L 12/09/18

Rabies Vaccine (Rabvac 3) given: 12/01/18

Intake Type

STRAY

Due Out Date

01/19/19

Intake Date

11/14/18

Reason

Kennel Status

UNAVAIL

Hold Notify



MICROCHIP: 982126054131

Location Picked Up/Found:

MICROCHIP# 982126054138395

## Animal Notes & Behavior History

NOTE: TRANSFERRED FROM DEL ORDO BUTTE COUNTY  
ON DECEMBER 20TH, 2018  
TRANSFERRED TO PLACER COUNTY ANIMAL SERVICES  
1/29/2019

Intake By: SK

Printed 03/18/19 9:44 AM by SKAMM

Town of Paradise Animal Control  
925 American Dr. Paradise, CA 95969  
530-872-6275



# Animal Intake Form

Disaster Shelter 530.538.7019 - NVADG Hotline 530.895.0000 - BCAC Office 530.552.3888

Evac Event #:

Animal ID #:

216 453

CA1276

Incident Name:

Received By:

Date: 11.14.18

Time:

# of animals by the owner at this shelter

Owner:

Name:

Cell #:

DE#:

Address:

Alt. Contact Name:

Alt. Contact #:

Where will the owner be staying during the emergency:

Stray animal picked up at:

5322 EDGEWOOD LANE PARADISE SR. HOME PARK

Animal Description:

Dog ☐

Cat ☒

Other ☐

1 OF 6

Male ☐

Female ☐

Spayed ☐

Neutered ☐

Breed: BROWN TABBY

Approx. Age:

Color:

Markings:

Animal Wearing Collar?

Yes ☐

No ☐

If yes, describe

Animal Wearing Tags?

Yes ☐

No ☐

If yes, describe

Microchipped?

Yes need scan ☐

Yes (#)

No ☐

Special Needs/Remarks

Has the owner been notified?

No ☒

Phoned ☐

Results:

Paperwork Left ☐

## Liability Release

Due to a declared emergency, I am requesting Butte County Animal Control/NVADG to board my animal(s) (listed above) and agree to all of the following:

- 1) I understand that my animal(s) may be exposed to disease and other risks while being housed at the shelter or other facilities and therefore I will not hold Butte County/NVADG responsible for the health or death of my animal(s).
- 2) I agree to attempt to find alternate housing for my animal(s) as soon as possible.
- 3) I agree to contact the agency on a regular basis to keep Butte County/NVADG updated on my whereabouts & possible alternate housing.
- 4) I understand that this boarding agreement is temporary and I agree to make arrangements for or claim my pet(s) at the close of the shelter.
- 5) I understand that I will be subject to boarding fees after the close of the shelter.
- 6) I understand that photographs of myself and my animal(s) may be taken.

☐

I Allow

or

☐

I Decline

any photographs that are taken be released to the media or public view.

Owner's Signature

Date:

BC/NVADG Witness

I hereby acknowledge that I am the owner/responsible person for the above animal. I have taken custody of my animal and am now responsible for its and transportation.

Owner's Signature at Release

Date/ Time:

White - Impound Facility

Yellow - BCAC

Pink - Citizen Copy





**Kennel Record**  
**# A015524**

**E196A**

Treatment History

**E196A is a female, brn tabby and black domestic  
mh, no age**

Intake Type  
**STRAY**

Due Out Date  
**12/19/18**

Intake Date  
**11/19/18**

Reason

Kennel Status  
**UNAVAIL**

Hold Notify

**Sorry No  
Image at this  
Time :(**

**MICROCHIP: 982126054141**

Location Picked Up/Found:

**ACE HARDWARE/CLARK**

Animal Notes & Behavior History

*Note: Returned to owner 12/29/18*



# Animal Intake Form

Disaster Shelter 530.538.7019 - NVADG Hotline 530.895.0000 - BCAC Office 530.552.3888

Evac Event #:	Stroy	Animal ID #:	E196A
Incident Name:	Camp	Received By:	Kare

Date:	11/19/18	Time:		# of animals by the owner at this shelter:	
Owner:					
Name:	Cell #:			DL#:	
Address:	Ace Hardware			Alt. Contact Name:	
	Clark Rav			Alt. Contact #:	
Where will the owner be staying during the emergency:					
Stray animal picked up at:					
Animal Description:					
Dog	<input type="checkbox"/>	Cat	<input checked="" type="checkbox"/>	Other	
Breed:	Long Hair Tabby			Male	<input type="checkbox"/>
Color:				Female	<input type="checkbox"/>
				Spayed	<input type="checkbox"/>
				Neutered	<input type="checkbox"/>
Animal Wearing Collar?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, describe		
Animal Wearing Tags?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, describe		
Microchipped?	Yes need scan <input type="checkbox"/>	Yes (#) <input type="checkbox"/>			
Special Needs/Remarks					
Has the owner been notified?					
No	<input type="checkbox"/>	Phoned	<input type="checkbox"/>	Results:	
					Paperwork Left <input type="checkbox"/>

## Liability Release

Due to a declared emergency, I am requesting Butte County Animal Control/NVADG to board my animal(s) (listed above) and agree to all of the following:

- I understand that my animal(s) may be exposed to disease and other risks while being housed at the shelter or other facilities and therefore I will not hold Butte County/NVADG responsible for the health or death of my animal(s).
- I agree to attempt to find alternate housing for my animal(s) as soon as possible.
- I agree to contact the agency on a regular basis to keep Butte County/NVADG updated on my whereabouts & possible alternate housing.
- I understand that this boarding agreement is temporary and I agree to make arrangements for or claim my pet(s) at the close of the shelter.
- I understand that I will be subject to boarding fees after the close of the shelter.
- I understand that photographs of myself and my animal(s) may be taken.

☐ I Allow or ☐ I Decline any photographs that are taken be released to the media or public view.

Owner's Signature

Date: 11/19/18

BC/NVADG Witness 11/19/18

I hereby acknowledge that I am the owner/responsible person for the above animal. I have taken custody of my animal and am now responsible for its care and transportation.

Owner's Signature at Release

Date/ Time:

White - Impound Facility

Yellow - BCAC

Pink - Citizen Copy

*Animal Hospital on the Ridge & The VetMobile*

1509 Wagstaff Road  
Paradise, CA 95969  
(530) 877-3000

**2019 PASH (# 14504)**

(None),

**Feb 08, 2019**

**Invoice Number  
44139**

**River (# A)**

Species: Feline  
Sex: Male Neutered  
Age: 8 years and 2 months old  
Breed: DSH  
Coat Color: Chocolate Point  
Weight: 0 lbs.

Date	Description	Qty	Price
02/01/2019	Exam - Courtesy	1.00	\$ 0.00

**Total for River: \$ 0.00**

Dr. Dalia Mathan

**Total Invoice: \$ 0.00**

**Previous Balance: \$ 0.00**

**Total Amount Due: \$ 0.00**

**New Balance Due: \$ 0.00**

OWNER	(LAST)	(FIRST)	PHONE	CLIENT #	PATIENT CODE
River	#14504 A	MN	DSH	choc pt w/ white	~8 ~201
PET NAME	SEX	BREED	COLOR	DOB	

DATE	TREATMENT	CHG	PAID	BAL
------	-----------	-----	------	-----

11/3/19 Exam - (V) blood for ~24hrs

10.2 S. BATZ  
 O H + L chug  
 color + hyperkeratosis deep  
 Ears clean  
 light touch  
 coat somewhat dirty + matted  
 Ears okay

1) GENERAL APPEARANCE <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	2) INTEGUMENTARY <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> ABNORM	3) MUSCULOSKELETAL <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM
4) RESPIRATORY <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	5) DIGESTIVE <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> ABNORM	6) GENITOURINARY <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM
7) EARS <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	8) NEURAL SYSTEMS <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	9) LYMPH NODES <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM
10) EYES <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	11) CIRCULATORY <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	12) MUCOUS MEMBRANES <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM
T	P	R

clean paws normal  
 mild ↑ TBC # + FCS  
 Brad of dot unremarkable

A vomiting blood cause unknown

P 150ml LRS SL  
 4.5mg Cerenia SL  
 keep ON to watch

7/1/19 No (V) or (D) but also  
 no appetite at first  
 will eat some and  
 no (V) no vomiting or defecation  
 Back to sleep on fly

OWNER (LAST) (FIRST) PHONE CLIENT # PATIENT CODE  
 Forrest #14504C MN? DSH BLK/Wht  
 PET NAME SEX BREED COLOR DOB

DATE TREATMENT CHG PAID BAL

2/14/11 - Exam - NDB lethargic. 3 wks at shelter  
 no specific symptoms  
 6/7 C. PARR

# PHYSICAL EXAM CHECKLIST

1) GENERAL APPEARANCE <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	2) INTEGUMENTARY <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	3) MUSCULOSKELETAL <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM
4) RESPIRATORY <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	5) DIGESTIVE <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	6) GENITOURINARY <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> ABNORM
7) EARS <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	8) NEURAL SYSTEMS <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	9) LYMPH NODES <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM
10) EYES <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	11) CIRCULATORY <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	12) MUCOUS MEMBRANES <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM

10. Mild dehydration  
 lots of urinating  
 + carbon teeth  
 H + L dry  
 excess fat  
 bladder small + sensitive  
 to palp  
 coat poorly groomed  
 BCS 4/9

Chem panel BUN = 5 low  
 Glucose 29  
 all else dry  
 CBC unremarkable

FELT Nox FLW Nox

A Ex open stress?  
 FLUTER?

P Abused urine + try  
 pain nodes + fluids

AC

*Animal Hospital on the Ridge & The VetMobile*

1509 Wagstaff Road  
Paradise, CA 95969  
(530) 877-3000

**2019 PASH (# 14504)**

(None),

**Feb 14, 2019**

**Invoice Number  
44200**

***Stray (Found After Fire) (# B)***

Species: Feline  
Sex: Male  
Age:  
Breed: DSH  
Coat Color: (None)  
Weight: 0 lbs.

Date	Description	Qty	Price
02/08/2019	Exam - Courtesy	1.00	\$ 0.00
	Subcutaneous Fluids	1.00	\$ 25.00
	Convenia inj per ml	0.50 <sub>ml</sub>	\$ 34.00

**Total for Stray (Found After Fire): \$ 59.00**

Dr. Dalia Mathan

**Total Invoice: \$ 59.00**

**Previous Balance: \$ 0.00**

**Total Amount Due: \$ 59.00**

**Check(2878) \$ 59.00**

**Total Payments - Thank you: \$ 59.00**

**New Balance Due: \$ 0.00**

OWNER (LAST) (FIRST) PHONE CLIENT # PATIENT COI

Lane #14504G NM DSH Black 1-2 yr

PET NAME SEX BREED COLOR DOB

DATE TREATMENT CHG PAID BAL

2/1/99  
10/8/99  
Exam URT  
has been at shelter 1 mo  
UR symptoms started after neuter  
eaching clay

3. Exam  
O mild UR noise  
lungs ok  
oral exam dry  
mild conjunctivitis  
+ mild nasal discharge  
Heart dry  
EARS clear

PHYSICAL EXAM CHECKLIST

1) GENERAL APPEARANCE <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	2) INTEGUMENTARY <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	3) MUSCULOSKELETAL <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM
4) RESPIRATORY <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> ABNORM	5) DIGESTIVE <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	6) GENITOURINARY <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM
7) EARS <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	8) NEURAL SYSTEMS <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	9) LYMPH NODES <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM
10) EYES <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> ABNORM	11) CIRCULATORY <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	12) MUCOUS MEMBRANES <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM

T P R Wt

A URT  
P 30 mg Canine S  
Rx ENIT 60 BID Q  
applied adv milk

*Animal Hospital on the Ridge & The VetMobile*

1509 Wagstaff Road  
Paradise, CA 95969  
(530) 877-3000

**2019 PASH (# 14504)**

(None),

**Mar 18, 2019**

**Invoice Number**

**OPEN: 0**

**Jose (# H)**

Species: Feline  
Sex: Male Neutered  
Age: 1 year old  
Breed: DSH  
Coat Color: Badger/White  
Weight: 0 lbs.

Date	Description	Qty		Price
03/07/2019	Exam - additional animal 1	1.00	\$	37.00
	Convenia inj per ml	0.40 <sub>ml</sub>	\$	34.00
	BNP Opth. Oint.	1.00 <sub>Tube</sub>	\$	24.00
Total for Jose:				\$ 95.00

**Lane (# G)**

Species: Feline  
Sex: Male Neutered  
Age: 1 year old  
Breed: DMH  
Coat Color: Black  
Weight: 0 lbs.

Exam Annual: 03/05/2020

Date	Description	Qty		Price
03/07/2019	Exam	1.00	\$	47.00
	Convenia inj per ml	0.45 <sub>ml</sub>	\$	34.00
	BNP Opth. Oint.	1.00 <sub>Tube</sub>	\$	24.00
Total for Lane:				\$ 105.00
Total Invoice:				\$ 200.00

Dr. Dalia Mathan



*Animal Hospital on the Ridge & The VetMobile*

1509 Wagstaff Road  
Paradise, CA 95969  
(530) 877-3000

2019 PASH (# 14504)

(None),

**Mar 18, 2019**

**Invoice Number**

**OPEN: 0**

**Jose (# H)**

Species: Feline  
Sex: Male Neutered  
Age: 1 year old  
Breed: DSH  
Coat Color: Badger/White  
Weight: 0 lbs.

Date	Description	Qty		Price
03/07/2019	Exam - additional animal 1	1.00	\$	37.00
	Convenia inj per ml	0.40 <sub>ml</sub>	\$	34.00
	BNP Opth. Oint.	1.00 <sub>Tube</sub>	\$	24.00
Total for Jose:				\$ 95.00

**Lane (# G)**

Species: Feline  
Sex: Male Neutered  
Age: 1 year old  
Breed: DMH  
Coat Color: Black  
Weight: 0 lbs.

Exam Annual: 03/05/2020

Date	Description	Qty		Price
03/07/2019	Exam	1.00	\$	47.00
	Convenia inj per ml	0.45 <sub>ml</sub>	\$	34.00
	BNP Opth. Oint.	1.00 <sub>Tube</sub>	\$	24.00
Total for Lane:				\$ 105.00
Total Invoice:				<u>\$ 200.00</u>

Dr. Dalia Mathan

OWNER (LAST) (FIRST) PHONE CLIENT # PATIENT COI  
 JOSE #14504 NM DMIT Blaen 2-3 yr  
 PET NAME SEX BREED COLOR DOB

DATE TREATMENT

3/4/19  
 Exam UPT  
 has been at shelter 1 w  
 not eating well slight  
 today

S. ~~ENT~~  
 off flea dirt  
 H + L ches  
 off nasal + ocular discharge  
 lost fast  
 BCS 4.5/9  
 off redness in throat

A. UPT w/ conjunctivitis +  
 oral inflammation  
 Fleas

P. 32 mg cephalexin S

Rx BNT CO BID OU

Applied adv multi

PHYSICAL EXAM CHECKLIST

1) GENERAL APPEARANCE <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	2) INTEGUMENTARY <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	3) MUSCULOSKELETAL <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM
4) RESPIRATORY <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	5) DIGESTIVE <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	6) GENITOURINARY <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM
7) EARS <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	8) NEURAL SYSTEMS <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	9) LYMPH NODES <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM
10) EYES <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	11) CIRCULATORY <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	12) MUCOUS MEMBRANE <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM
T	P	R

Dr.



Kennel Record

# A015524  
E196A

Treatment History

E196A is a female, brn tabby and black domestic  
mh, no age

Intake Type  
STRAY

Due Out Date  
12/19/18

Intake Date  
11/19/18

Reason

Kennel Status

UNAVAIL

Hold Notify

Sorry No  
Image at this  
Time :(

MICROCHIP: 982126054141

Location Picked Up/Found:

ACE HARDWARE/CLARK

Animal Notes & Behavior History

Note: RETURNED TO OWNER 12/29/18



# Animal Intake Form

Disaster Shelter 530.538.7019 - NVADG Hotline 530.895.0000 - BCAC Office 530552.3888

Evac Event #:

Animal ID #:

Incident Name:

Received By:

Date:

Time:

# of animals by the owner at this shelter:

Owner:

Name:

Cell #:

DL#:

Address:

Alt. Contact Name:

Alt. Contact #:

Where will the owner be staying during the emergency:

Stray animal picked up at:

## Animal Description:

Dog ☐ Cat ☒ Other ☐ Male ☐ Female ☐ Spayed ☐ Neutered ☐

Breed: Long Hair

Approx. Age:

Color: Tabby

Markings:

Animal Wearing Collar? Yes ☐ No ☐ If yes, describe

Animal Wearing Tags? Yes ☐ No ☐ If yes, describe

Microchipped? Yes need scan ☐ Yes (#) No ☐

Special Needs/Remarks

Has the owner been notified? No ☐ Phoned ☐ Results: Paperwork Left ☐

## Liability Release

Due to a declared emergency, I am requesting Butte County Animal Control/NVADG to board my animal(s) (listed above) and agree to all of the following:

- 1) I understand that my animal(s) may be exposed to disease and other risks while being housed at the shelter or other facilities and therefore I will not hold Butte County/NVADG responsible for the health or death of my animal(s).
- 2) I agree to attempt to find alternate housing for my animal(s) as soon as possible.
- 3) I agree to contact the agency on a regular basis to keep Butte County/NVADG updated on my whereabouts & possible alternate housing.
- 4) I understand that this boarding agreement is temporary and I agree to make arrangements for or claim my pet(s) at the close of the shelter.
- 5) I understand that I will be subject to boarding fees after the close of the shelter.
- 6) I understand that photographs of myself and my animal(s) may be taken.

☐ I Allow or ☐ I Decline any photographs that are taken be released to the media or public view.

Owner's Signature

Date:

BC/NVADG Witness

I hereby acknowledge that I am the owner/responsible person for the above animal. I have taken custody of my animal and am now responsible for its care and transportation.

Owner's Signature at Release

Date/ Time:

White - Impound Facility

Yellow - BCAC

Pink - Citizen Copy



## Kennel Record

# A015455

CA155A

Ca155A is a spayed female, gray and white domestic  
lh, 3 years

## Treatment History

T19-009027 01/19/19

NORMAL

BCAC: Preventative: Frontline (Fipronil) 11/17/18

FVRCP: 11/17/18 FVRCP+L: 12/09/18

Rabies vaccine given: 12/01/18 (Rabvac 3)

Intake Type

STRAY

Due Out Date

01/19/19

Intake Date

11/20/18

Reason

Kennel Status

UNAVAIL

Hold Notify



Location Picked Up/Found:

MICROCHIP# 982126054140090

## Animal Notes & Behavior History

Adopted 11/19/19



# Animal Intake Form

Disaster Shelter 530.538.7019 - NVADG Hotline 530.895.0000 - BCAC Office 530.552.3888

Evac Event #:	Animal ID #: <b>MISSA 411</b> <b>103</b>
Incident Name:	Received By:

Date: <b>11.14.18</b>	Time:	# of animals by the owner at this shelter:
-----------------------	-------	--

Owner:		
Name: <b>THUND</b>	Cell #:	DL#:
Address: <b>615 Hickory</b>		Alt. Contact Name:
		Alt. Contact #:

Where will the owner be staying during the emergency:
Stray animal picked up at:

## Animal Description:

Dog <input type="checkbox"/>	Cat <input checked="" type="checkbox"/>	Other	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Spayed <input type="checkbox"/>	Neutered <input type="checkbox"/>
Breed: <b>DLH</b>			Approx. Age:			
Color: <b>Gray / White</b>			Markings:			
Animal Wearing Collar?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, describe			
Animal Wearing Tags?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, describe			
Microchipped?	Yes need scan <input type="checkbox"/>	Yes (#)			No <input type="checkbox"/>	

Special Needs/Remarks			
Has the owner been notified?	No <input type="checkbox"/>	Phoned <input type="checkbox"/>	Results:
			Paperwork Left <input type="checkbox"/>

## Liability Release

Due to a declared emergency, I am requesting Butte County Animal Control/NVADG to board my animal(s) (listed above) and agree to all of the following:

- 1) I understand that my animal(s) may be exposed to disease and other risks while being housed at the shelter or other facilities and therefore I will not hold Butte County/NVADG responsible for the health or death of my animal(s).
- 2) I agree to attempt to find alternate housing for my animal(s) as soon as possible.
- 3) I agree to contact the agency on a regular basis to keep Butte County/NVADG updated on my whereabouts & possible alternate housing.
- 4) I understand that this boarding agreement is temporary and I agree to make arrangements for or claim my pet(s) at the close of the shelter.
- 5) I understand that I will be subject to boarding fees after the close of the shelter.
- 6) I understand that photographs of myself and my animal(s) may be taken.

☐ I Allow or ☐ I Decline any photographs that are taken be released to the media or public view.

Owner's Signature

Date:

BC/NVADG Witness

I hereby acknowledge that I am the owner/responsible person for the above animal. I have taken custody of my animal and am now responsible for its care and transportation.

Owner's Signature at Release

Date/ Time:

White - Impound Facility

Yellow - BCAC

Pink - Citizen Copy



Kennel Record

# A015533

CC234

Treatment History

Cc234 is a male, org tabby domestic mh, 4 years

Intake Type

STRAY

Due Out Date

03/27/19

Intake Date

11/16/18

Reason

Kennel Status

UNAVAIL

Hold Notify

Sorry No  
Image at this  
Time :(

MICROCHIP: 98212605254;

Location Picked Up/Found:

DNK

Animal Notes & Behavior History

Note: Retrieved to owner 1/16/19

Intake By: SK

Printed 03/18/19 1:35 PM by SKAMM

Town of Paradise Animal Control

925 American Dr. Paradise, CA 95969

530-872-6275

ACTIVITY NUMBER

**BUTTE COUNTY ANIMAL CONTROL**202 MIRA LOMA DRIVE  
OROVILLE, CALIFORNIA 95965  
(530) 538-7409 • (530) 891-2907  
FAX (530) 538-6329

ANIMAL ID NUMBER

CC 234

Impound Facility

Airport

Bite #

Received By S. Martin

**IMPOUND FORM**

Date Impounded 11/16/18 Time 2019 a.m./p.m. Release Date Officer

Animal picked up at Bay Tree Drive Paradise  
address (include closest cross street)

Reason for Impound stray; found at burned out residence

Dog Cat ☒ Other M F S N

Breed Approx. Age

Color beige/orange (cream) Markings long hair

Animal wearing collar? Yes No ☒ If yes, describeAnimal wearing tags? Yes No ☒ If yes, describe

Microchipped? Yes (#) No

Condition of Animal healthy Remarks

Owner of Animal brought in by CHP Telephone

Address

City

Zip

☐ Phoned☐ Impound Copy: Date Left☐ Letter: Date Sent

Has owner been notified?

**SURRENDER STATEMENT**

I, the undersigned, owner or having control of the above described animal, release all claims to it to the Butte County Animal Control. I agree to hold the Butte County Animal Control, and its employees, free of all liability resulting from such transfer.

I also certify that to the best of my knowledge the said animal has / has not bitten any person within the past 14 days.  
(circle one)

I have read the above and understand the conditions.

DATE

PRINTED NAME SIGNATURE

ADDRESS

CITY ZIP TELEPHONE NO.



ACTIVITY NUMBER \_\_\_\_\_

**BUTTE COUNTY ANIMAL CONTROL**202 MIRA LOMA DRIVE  
OROVILLE, CALIFORNIA 95965  
(530) 538-7409 • (530) 891-2907  
FAX (530) 538-6329

ANIMAL ID NUMBER

CC 234

Impound Facility

Pilot

Bite # \_\_\_\_\_

Received By S. H. 55

**IMPOUND FORM**

Date Impounded 11/10/18 Time 5:17 a.m./p.m. Release Date \_\_\_\_\_ Officer \_\_\_\_\_

Animal picked up at Bay Tree Lane Paradise address (include closest cross street)

Reason for Impound stray, found at owner's residence

Dog \_\_\_\_\_ Cat ☒ Other \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ S \_\_\_\_\_ N \_\_\_\_\_

Breed \_\_\_\_\_ Approx. Age \_\_\_\_\_

Color beige/orange Markings 1 y 101-

Animal wearing collar? Yes \_\_\_\_\_ No ☒ If yes, describe \_\_\_\_\_Animal wearing tags? Yes \_\_\_\_\_ No ☒ If yes, describe \_\_\_\_\_

Microchipped? Yes (#) \_\_\_\_\_ No \_\_\_\_\_

Condition of Animal dirty Remarks \_\_\_\_\_

Owner of Animal brought in by CAP Telephone \_\_\_\_\_

Address

City

Zip

☐ Phoned \_\_\_\_\_☐ Impound Copy: Date Left \_\_\_\_\_Has owner been notified? ☐ Letter: Date Sent \_\_\_\_\_**SURRENDER STATEMENT**

I, the undersigned, owner or having control of the above described animal, release all claims to it to the Butte County Animal Control. I agree to hold the Butte County Animal Control, and its employees, free of all liability resulting from such transfer.

I also certify that to the best of my knowledge the said animal has / has not bitten any person within the past 14 days.  
(circle one)

I have read the above and understand the conditions.

DATE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

White - Impound Facility / Yellow - BCAC / Pink - Citizen Copy

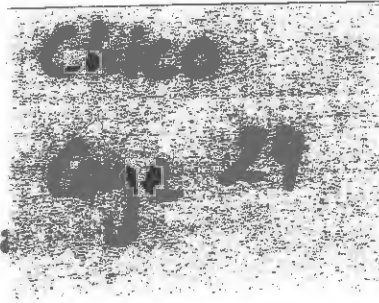
982 126 052 542 487



Butte County Animal Services

CC234

Chico Cage 29



Name	Shelter ID CC234	Microchip # 982 126 052 542 487	Sex Male
Breed DMH	Second Breed	Color Tan	Second color
Age Adult	Special marking	Date Found 11/16/18	Location Found
Photo	Photo	Photo	Photo
Butte County Point of Contact			
Phone 530-552-3888	Fax 530-538-6329	Email address BCanimalcontrol@buttecounty.net	
Vaccination	Date of administration	Preventative	Date of Administration
Rabies (required)	12/1/18 (Rabvac 3)	Frontline	11/17/18
FVRCP+L	11/18/18	Revolution	12/9/18
FVRCP+L	12/17/18		
Pertinent Medical History			

FVRCP: R = Rhinotracheitis; C = Calicivirus, P = Panleukopenia; L = Feline Leukemia



## Butte County Animal Passport



1. The animal depicted here is a resident of Butte county and is under the full control and management by Butte county Animal Services. All decisions regarding medical care, adoption, movement and handling must be cleared by Butte County Animal Services.
  2. Any medical issues with this animal must be conveyed to Butte County Animal Services via point of contact above. Animals needing advanced veterinary care can be referred to UC Davis VMTH Hospital in coordination with Butte County Animal Services.
  3. The Butte County Animal Passport will be valid for a period of 4 months and subject to renewal.
  4. The caretaking institution is responsible for proper husbandry and good animal welfare.
- I agree to the above clauses and will uphold agreements made with Butte county.**



## Kennel Record

# A015448

S113A

S113A is a male, brn tabby and white domestic sh, 1  
year 8 months

## Treatment History

T19-009018 01/19/19

NORMAL

BCAnimal control@buttecounty.net: Rabies vaccine given  
12/17/18 Rabvac 3

FVRCP: 11/18/18,

FVRCP+L 12/17/18

Intake Type

STRAY

Due Out Date

01/19/19

Intake Date

11/14/18

Reason

Kennel Status

UNAVAIL

Hold Notify



MICROCHIP: 982126054121

Location Picked Up/Found:

MICROCHIP # 982126054140039 W/3 KITTENS

## Animal Notes & Behavior History



Aero Union Airport Found Animal <sup>24</sup> ~~24~~ <sup>11/15</sup> ~~11/15~~



# Animal Intake Form

Date: 11/14/2018	Time: 1:30
Owner:	
Name:	
Address:	
Where will the owner be staying during this emergency:	
Stray animal picked up at: Paradise - Drop	
Animal Description:	
Dog <input type="checkbox"/>	Cat <input checked="" type="checkbox"/> Other <input type="checkbox"/>
Breed: Grey/Black	
Color: with white	
Animal Wearing Collar?	Yes <input type="checkbox"/>
Animal Wearing Tags?	Yes <input type="checkbox"/>
Microchipped?	Yes <input type="checkbox"/>
Special Needs/Remarks	
Has the owner been notified? No <input type="checkbox"/>	

Evac Event #:	Animal ID #: S113A 760
Incident Name: Camp Fire	Received By:
# of animals by the owner at this shelter: 4 cats mama + 3 kittens	
DAD, UNCLE, NOT MOM.	
Cell #:	DL#:
Alt. Contact Name:	
Alt. Contact #:	
Emergency:	
Lost by Cyril Vado	
530-764-0217	
Male <input type="checkbox"/>	Female <input type="checkbox"/> Spayed <input type="checkbox"/> Neutered <input type="checkbox"/>
Approx. Age:	
Markings: white on front paws	
No <input type="checkbox"/>	If yes, describe
No <input type="checkbox"/>	If yes, describe
Yes (#)	No <input type="checkbox"/>
Phoned <input type="checkbox"/>	Results:
Paperwork Left <input type="checkbox"/>	

## Liability Release

Due to a declared emergency, I am required to board my animal(s) at Butte County/NVADG.

- I understand that my animal(s) may be exposed to disease and other risks while being housed at the shelter or other facilities and therefore I will not hold Butte County/NVADG responsible for the health or death of my animal(s).
- I agree to attempt to find alternate housing for my animal(s) as soon as possible.
- I agree to contact the agency on a regular basis to keep Butte County/NVADG updated on my whereabouts & pet(s).
- I understand that this boarding agreement is temporary and I will be responsible for boarding fees after the declared emergency and my animal(s) are released to me.
- I understand that I will be subject to all rules and regulations of the shelter.
- I understand that photographs of my animal(s) may be taken for identification purposes.

☐ I Allow

☐ I Decline

Owner's Signature

BC/NVADG Witness

I hereby acknowledge that I am the owner and responsible person for the care and transportation of my animal(s).

Owner's Signature at Release

I agree to board my animal(s) at Butte County/NVADG to board my animal(s) (listed above) and agree to all of the following terms and conditions:

I agree to attempt to find alternate housing for my animal(s) as soon as possible.

I agree to contact the agency on a regular basis to keep Butte County/NVADG updated on my whereabouts & pet(s).

I understand that this boarding agreement is temporary and I will be responsible for boarding fees after the declared emergency and my animal(s) are released to me.

☐ I Decline



pet(s)

ased to

y anim

Pink



White - Impound Facility



Kennel Record

# A015449  
S113B

S113B is a male, org tabby domestic mh, 5 months

Treatment History

T19-009019	01/19/19	NORMAL
BCAnimalcontrol@buttecounty.net: Rabies Vaccine given 12/17/18 Rabvac 3		
T19-009020	01/19/19	NORMAL
BCAC: FVRCP 11/18/18		
T19-009021	01/19/19	NORMAL
FVRCP+L 12/18/18		

Intake Type

STRAY

Due Out Date

01/19/19

Intake Date

11/14/18

Reason

Kennel Status

UNAVAIL

Hold Notify



MICROCHIP: 982126054131

Location Picked Up/Found:

MICROCHIP # 982126054135448 W/48, 50, 51

Animal Notes & Behavior History

Town of Paradise Animal Control

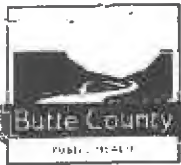
925 American Dr. Paradise, CA 95969

530-872-6275

Intake By: SK

Printed 03/18/19 12:22 PM by jrobbins

Aero Union Airport Found Animal 2/9/15



# Animal Intake Form

Date: 11/14/2018	Time: 10:00
Owner: Name:	
Address:	
Where will the owner be staying during the:	
Stray animal picked up at: Paradise Dr	
Animal Description:	
Dog <input type="checkbox"/>	Cat <input checked="" type="checkbox"/> Other <input type="checkbox"/>
Breed: DSH	
Color: orange	
Animal Wearing Collar?	Yes <input type="checkbox"/>
Animal Wearing Tags?	Yes <input type="checkbox"/>
Microchipped?	Yes <input type="checkbox"/>
Special Needs/Remarks	
Has the owner been notified?	No <input type="checkbox"/>

Evac Event #:	Animal ID #: S1138
Incident Name: Camp Fire	Received By:
# of animals by the owner at this shelter: 4 Cats - 1 mama + 3 kittens	
Cell #:	DL#:
Alt. Contact Name:	
Alt. Contact #:	
Agency:	
red off by Cyril Vado 530-764-0217	
Male <input type="checkbox"/>	Female <input type="checkbox"/> Spayed <input type="checkbox"/> Neutered <input type="checkbox"/>
Approx. Age: Kitten	
Markings:	
No <input checked="" type="checkbox"/>	If yes, describe
No <input checked="" type="checkbox"/>	If yes, describe
<input type="checkbox"/>	Yes (#) No <input type="checkbox"/>
Phoned <input type="checkbox"/>	Results: Paperwork Left <input type="checkbox"/>

## Liability Release

Due to a declared emergency, I am requesting:

- 1) I understand that my animal(s) may be housed at the shelter or other facilities and therefore I will not hold Butte County/NVADG responsible for the health or death of my animal(s).
- 2) I agree to attempt to find alternate housing for my animal(s) as soon as possible.
- 3) I agree to contact the agency on a regular basis to keep Butte County/NVADG updated on my whereabouts & possible alternate housing.
- 4) I understand that this boarding agreement is temporary and I agree to make arrangements for or claim my pet(s) at the close of the shelter.
- 5) I understand that I will be subject to boarding fees after the close of the shelter.
- 6) I understand that photographs of my animal(s) may be taken.

☐ I Allow or

Butte County Animal Control/NVADG to board my animal(s) (listed above) and agree to all of the following:

I agree to allow my animal(s) to be housed at the shelter or other facilities and therefore I will not hold Butte County/NVADG responsible for the health or death of my animal(s). I agree to attempt to find alternate housing for my animal(s) as soon as possible. I agree to contact the agency on a regular basis to keep Butte County/NVADG updated on my whereabouts & possible alternate housing. I understand that this boarding agreement is temporary and I agree to make arrangements for or claim my pet(s) at the close of the shelter. I understand that I will be subject to boarding fees after the close of the shelter. I understand that photographs of my animal(s) may be taken.

☐ I Decline any photographs that are taken be released to the media or public view.

Owner's Signature

Date:

BC/NVADG Witness

I hereby acknowledge that I am the owner/care and transportation.

I am the responsible person for the above animal. I have taken custody of my animal and am now responsible for its care and transportation.

Owner's Signature at Release

Date/ Time:

White - Impound Facility

Yellow - BCAC

Pink - Citizen Copy



Kennel Record

# A015450  
S113C

S113C is a male, gray and white domestic sh, 5 months

Treatment History

T19-009022 01/19/19 NORMAL

BCAC: Treated for fleas: Fipronil (Frontline) on 11/17/18

Rabies Vaccine given: 12/17/18 (Rabvac 3)

FVRCP given: 11/18/18

FVRCP Booster: 12/18/18

Intake Type

STRAY

Due Out Date

01/19/19

Intake Date

11/14/18

Reason

Kennel Status

UNAVAIL

Hold Notify



MICROCHIP: 982126054141

Location Picked Up/Found:

MICROCHIP # 982126054140048 W/48,49,51

Animal Notes & Behavior History



11/15 Aero Union Chico

Fund Animal 219 ✓



# Animal Intake Form

Date: 11/14/2018 Time:

Owner:

Name:

Address:

Where will the owner be staying during the emergency:

Stray animal picked up at: Par

## Animal Description:

Dog ☐ Cat ☒ Other

Breed: DSH

Color: Grey

Animal Wearing Collar? Yes ☐ No ☐

Animal Wearing Tags? Yes ☐ No ☐

Microchipped? Yes ☐ No ☐

Special Needs/Remarks: open eyes

Has the owner been notified? No ☐

Evac Event #:

Airport

Animal ID #:

S113C

Incident Name:

Camp Fire

Received By:

30

# of animals by the owner at this shelter:

4 cats mama + 3 kittens

Cell #:

DL#:

Alt. Contact Name:

Alt. Contact #:

Emergency:

Use Dropped off by Cyril Vado

530-764 0217

Male ☐

Female ☐

Spayed ☐

Neutered ☐

Approx. Age:

Kitten

Markings:

No ☒

If yes, describe

No ☒

If yes, describe

an ☐

Yes (#)

No ☐

Phoned ☐

Results:

Paperwork Left ☐

## Liability Release

Due to a declared emergency, I am requesting Butte County Animal Control/NVADG to board my animal(s) (listed above) and agree to all of the following:

- I understand that my animal(s) may be exposed to disease and other risks while being housed at the shelter or other facilities and therefore I will not hold Butte County/NVADG responsible for the health or death of my animal(s).
- I agree to attempt to find alternate housing for my animal(s) as soon as possible.
- I agree to contact the agency on a regular basis to keep Butte County/NVADG updated on my whereabouts & possible alternate housing.
- I understand that this boarding agreement is temporary and I agree to make arrangements for or claim my pet(s) at the close of the shelter.
- I understand that I will be subject to boarding fees after the close of the shelter.
- I understand that photographs of my animal(s) may be taken.

☐ I Allow

☐ I Decline

any photographs that are taken be released to the media or public view.

Owner's Signature

Date:

BC/NVADG Witness

I hereby acknowledge that I am the owner and responsible person for the above animal. I have taken custody of my animal and am now responsible for its care and transportation.

Owner's Signature at Release

Date/ Time:

White - Impound Facility

Yellow - BCAC

Pink - Citizen Copy



Kennel Record

# A015451  
S113D

S113D is a male, black and white domestic sh, 5 months

Treatment History

T19-009023 01/19/19 NORMAL

BCAC: Frontline applied 11/17/18

Rabies Vaccine given: 12/17/18 (Rabvac 3)

FVRCP 11/18/18, FVRCP Booster +L: 12/18/18

Intake Type  
STRAY

Due Out Date  
01/19/19

Intake Date  
11/14/18

Reason

Kennel Status  
UNAVAIL

Hold Notify



MICROCHIP: 98212605254;

Location Picked Up/Found:

MICROCHIP # 982126052542198 W/48-50

Animal Notes & Behavior History



Animal  
Intake  
Form

Date: 11/14/2018 Time: 3:30

Owner:

Name:

Address:

Where will the owner be staying during

Stray animal picked up at: Paradise

Animal Description:

Dog ☐ Cat ☒ Other ☐

Breed: BSM DS

Color: Black

Animal Wearing Collar? Yes ☐ No ☒

Animal Wearing Tags? Yes ☐ No ☒

Microchipped? Yes ☐ No ☒

Special Needs/Remarks: Green eyes

Has the owner been notified? No ☐ Yes ☒

Evac Event #:

Animal ID #:

S113D

Incident Name:

Received By:

30

# of animals by the owner at this shelter:

4 abs Mamm Kitt + 3 Kittens

Cell #:

DL#:

Alt. Contact Name:

Alt. Contact #:

emergency:

adise - 11/14/18 by Cyril Vado  
530-764-0217

Male ☐ Female ☐ Spayed ☐ Neutered ☐

Approx. Age: Kitten

Markings: white hairs on chest

No ☒

If yes, describe

No ☒

If yes, describe

scan ☐

Yes (#)

No ☐

Phoned ☐

Results:

Paperwork Left ☐

Liability Release

Due to a declared emergency, I am releasing

1) I understand that my animal(s) will be

I will not hold Butte County/NVADG

2) I agree to attempt to find alternative

3) I agree to contact the agency on a

4) I understand that this boarding arrangement

5) I understand that I will be subject to

6) I understand that photographs may be

☐ I Allow

Butte County Animal Control/NVADG to board my animal(s) (listed above) and agree to all of the following

be exposed to disease and other risks while being housed at the shelter or other facilities and therefore

responsible for the health or death of my animal(s).

housing for my animal(s) as soon as possible.

regular basis to keep Butte County/NVADG updated on my whereabouts.

ment is temporary and I agree to make arrangements for or claim my

boarding fees after the close of the shelter.

self and my animal(s) may be taken.

☐ I Decline

any photographs that are taken be released

Owner's Signature

Date:

BC/NVADG Witness

I hereby acknowledge that I am the responsible person for the above animal. I have taken custody of my

Owner's Signature at Release

Date/ Time:



White - Impound Facility

Yellow - BCAC



**Kennel Record**

**# A015579**

**CC242**

Treatment History

**Cc242 is a male, choc pt ragdoll, 2 years**

Intake Type

**STRAY**

Due Out Date

**01/18/19**

Intake Date

**12/20/18**

Reason

Kennel Status

**UNAVAIL**

Hold Notify

**Sorry No  
Image at this  
Time :(**

Location Picked Up/Found:

**8613 STIRAS WAY**

Animal Notes & Behavior History

*NOTE: RETURNED TO OWNER 1/18/19*

Intake By: JR

Printed 03/18/19 12:15 PM by jrobbins

**Town of Paradise Animal Control**

**925 American Dr. Paradise, CA 95969**

**530-872-6275**

ACTIVITY NUMBER

## BUTTE COUNTY ANIMAL CONTROL

202 MIRA LOMA DRIVE  
OROVILLE, CALIFORNIA 95965  
(530) 538-7409 • (530) 891-2907  
FAX (530) 538-6329Room 12  
# 13

ANIMAL ID NUMBER

CC-242

Impound Facility

Airport

Bite #

Received By Dusty

## IMPOUND FORM

Date Impounded 11/17/18 Time 12:26 a.m. Release Date \_\_\_\_\_ Officer \_\_\_\_\_Animal picked up at 8613 Stiras Way, Paradise, CA  
address (include closest cross street)

Reason for Impound \_\_\_\_\_

Dog \_\_\_\_\_ Cat ☒ Other \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ S \_\_\_\_\_ N \_\_\_\_\_Breed Ragdoll Siamese Approx. Age unknownColor Tan, grey, black Markings \_\_\_\_\_Animal wearing collar? Yes \_\_\_\_\_ No ☒ If yes, describe \_\_\_\_\_Animal wearing tags? Yes \_\_\_\_\_ No ☒ If yes, describe \_\_\_\_\_

Microchipped? Yes (#) \_\_\_\_\_ No \_\_\_\_\_

Condition of Animal well Remarks \_\_\_\_\_Owner of Animal unknown Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

☐ Phoned \_\_\_\_\_☐ Impound Copy: Date Left \_\_\_\_\_Has owner been notified? \_\_\_\_\_ ☐ Letter: Date Sent \_\_\_\_\_

## SURRENDER STATEMENT

I, the undersigned, owner or having control of the above described animal, release all claims to it to the Butte County Animal Control. I agree to hold the Butte County Animal Control, and its employees, free of all liability resulting from such transfer.

I also certify that to the best of my knowledge the said animal has / has not bitten any person within the past 14 days.  
(circle one)

I have read the above and understand the conditions.

DATE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

ACTIVITY NUMBER

# BUTTE COUNTY ANIMAL CONTROL

202 MIRA LOMA DRIVE  
OROVILLE, CALIFORNIA 95965  
(530) 538-7409 • (530) 891-2907  
FAX (530) 538-6329

Koom 12  
# 13

ANIMAL ID NUMBER

CC-242

Impound Facility

Airport

Bite #

Received By Dusty

## IMPOUND FORM

Date Impounded 11/17/18 Time 12:26 a.m./p.m. Release Date \_\_\_\_\_ Officer \_\_\_\_\_

Animal picked up at 8613 Star Way, Paradise, CA  
address (include closest cross street)

Reason for Impound \_\_\_\_\_

Dog \_\_\_\_\_ Cat ☒ Other \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ S \_\_\_\_\_ N \_\_\_\_\_

Breed Ragdoll Siamese Approx. Age unknown

Color Tan, grey, black Markings \_\_\_\_\_

Animal wearing collar? Yes \_\_\_\_\_ No ☒ If yes, describe \_\_\_\_\_

Animal wearing tags? Yes \_\_\_\_\_ No ☒ If yes, describe \_\_\_\_\_

Microchipped? Yes (#) \_\_\_\_\_ No \_\_\_\_\_

Condition of Animal well Remarks \_\_\_\_\_

Owner of Animal unknown Telephone \_\_\_\_\_

Address

City

Zip

☐ Phoned \_\_\_\_\_

☐ Impound Copy: Date Left \_\_\_\_\_

☐ Letter: Date Sent \_\_\_\_\_

Has owner been notified? \_\_\_\_\_

## SURRENDER STATEMENT

I, the undersigned, owner or having control of the above described animal, release all claims to it to the Butte County Animal Control. I agree to hold the Butte County Animal Control, and its employees, free of all liability resulting from such transfer.

I also certify that to the best of my knowledge the said animal has / has not bitten any person within the past 14 days.  
(circle one)

I have read the above and understand the conditions.

DATE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

12-2-18

Kenzie MeneFee (CC242) Female  
(530) 762-9027 or (530) 763-9119

Foster or Adopt

2333 Pillsbury RD, Chico, sister lived on stairs  
This cat was there  
everyday.  
We call her "CeCe" (Cabin cat)



**Kennel Record**

**# A015471**

**CC204**

Treatment History

**Cc204 is a spayed female, gray tabby domestic sh, 4 years**

Intake Type

**STRAY**

Due Out Date

**01/23/19**

Intake Date

**11/18/18**

Reason

Kennel Status

**UNAVAIL**

Hold Notify

**Sorry No  
Image at this  
Time :(**

Location Picked Up/Found:

Animal Notes & Behavior History

*Note: RETURNED TO OWNER 1/23/19*

Intake By: SK

Printed 03/18/19 12:07 PM by SKAMM

**Town of Paradise Animal Control**

925 American Dr. Paradise, CA 95969

530-872-6275



ACTIVITY NUMBER

## BUTTE COUNTY ANIMAL CONTROL

202 MIRA LOMA DRIVE  
 OROVILLE, CALIFORNIA 95965  
 (530) 538-7409 • (530) 891-2907  
 FAX (530) 538-6329

ANIMAL ID NUMBER

Impound Facility

Bite #

Received By

## IMPOUND FORM

Date Impounded 11/14/18 Time \_\_\_\_\_ a.m. / p.m. Release Date \_\_\_\_\_ Officer \_\_\_\_\_Animal picked up at Skyway & Flagstaff Rd Paradise  
address (include closest cross street)Reason for Impound Camp FireDog \_\_\_\_\_ Cat X Other \_\_\_\_\_ M \_\_\_\_\_ F X S \_\_\_\_\_ N \_\_\_\_\_Breed \_\_\_\_\_ Approx. Age 2 yearsColor Gray Markings \_\_\_\_\_Animal wearing collar? Yes \_\_\_\_\_ No X If yes, describe \_\_\_\_\_Animal wearing tags? Yes \_\_\_\_\_ No X If yes, describe \_\_\_\_\_Microchipped? Yes (#) \_\_\_\_\_ No XCondition of Animal Stray Remarks \_\_\_\_\_Owner of Animal \_\_\_\_\_ Telephone \_\_\_\_\_

Address

City

Zip

☐ Phoned \_\_\_\_\_☐ Impound Copy: Date Left \_\_\_\_\_☐ Letter: Date Sent \_\_\_\_\_Has owner been notified? \_\_\_\_\_

## SURRENDER STATEMENT

I, the undersigned, owner or having control of the above described animal, release all claims to it to the Butte County Animal Control. I agree to hold the Butte County Animal Control, and it employees, free of all liability resulting from such transfer.

I also certify that to the best of my knowledge the said animal has / has not bitten any person within the past 14 days.  
(circle one)

I have read the above and understand the conditions.

DATE \_\_\_\_\_PRINTED NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ADDRESS \_\_\_\_\_CITY \_\_\_\_\_ ZIP \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_



Animal ID:  
**A0928779**  
Kennel No:  
**CAT03-E**  
Intake Date:  
**11/14/18**  
Status:  
**STRAY**

Age:  
**2 Y 0 M**  
Sex:  
**UNALTERED FEMALE**  
Weight:  
**8.80 LBS**  
Color:  
**BROWN**  
  
Collar:  
**NONE**  
Markings:

Intake Type: **STRAY**

Assessment Date: **11/20/18**

Intake Subtype: **OTC**

Microchip Scan: **YES NEGATIVE** on 11/14/18 @ 1:32 pm

Location Found: **10 SKYWAY X WAGSSTAFF RD PARADISE**

11/14/2018 1:40:29PM

*(150 days per h.)*  
*Transport*  
*Chino*  
*Shelter*  
*at 4th St*  
*34-2*  
*7241 0000*  
*1598*

DDA, PDA & PDA EXP, AGGRESSIVE, UNPREDCTBL, HYPERACTIV, ACTIVE, TIMID, FRIENDLY, DULL  
C:\Program Files\Chameleon Software\Chameleon\Crystal\F3 Reports\Kennel Card\_RS.rpt



## Kennel Record

# A015532

CA166A

Ca166A is a neutered male, brn tabby and white domestic sh, 4 years

## Treatment History

T19-009072 02/27/19

WOUND

12/08/2018 Care Animal Hosp-Redding ID#33339, File #: 2891

Treated for burns on front feet

Intake Type

STRAY

Due Out Date

12/14/18

Intake Date

11/14/18

Reason

Kennel Status

UNAVAIL

Hold Notify

Sorry No  
Image at this  
Time :(

MICROCHIP: 982126054141

Location Picked Up/Found:

NEAR RTE AID -MAGALIA

## Animal Notes & Behavior History

NOTE: WAS RETURNED OWNER 12/29/18

Intake By: SK

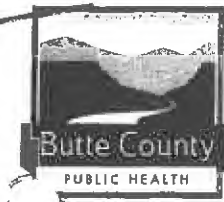
Printed 03/18/19 12:04 PM by SKAMM

**Town of Paradise Animal Control**

925 American Dr. Paradise, CA 95969

530-872-6275

#474



# Animal Intake Form

Evac Event #:	Animal ID #: CA 166A
Incident Name:	Received By:

Disaster Shelter 530.538.7019 - NVADG Hotline 530.895.0000 - BCAC Office 530552.3888

Date: 11.14.18	Time: 1830	# of animals by the owner at this shelter:
Owner: [Redacted]		
Name:	Cell #:	DL#:
Address: Found by CalFire Eite Aid area Magalia		Alt. Contact Name:
		Alt. Contact #:
Where will the owner be staying during the emergency:		
Stray animal picked up at:		
Animal Description:		
Dog <input type="checkbox"/>	Cat <input checked="" type="checkbox"/>	Other <input type="checkbox"/>
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Spayed <input type="checkbox"/>
Neutered <input type="checkbox"/>		
Breed: DSIT	Approx. Age:	
Color: Tabby	Markings:	
Animal Wearing Collar?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, describe		
Animal Wearing Tags?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, describe		
Microchipped?	Yes need scan <input type="checkbox"/>	Yes (#)
No <input type="checkbox"/>		
Special Needs/Remarks		
[Redacted]		
Has the owner been notified?	No <input type="checkbox"/>	Phoned <input type="checkbox"/>
Results:	Paperwork Left <input type="checkbox"/>	

## Liability Release

Due to a declared emergency, I am requesting Butte County Animal Control/NVADG to board my animal(s) (listed above) and agree to all of the following:

- I understand that my animal(s) may be exposed to disease and other risks while being housed at the shelter or other facilities and therefore I will not hold Butte County/NVADG responsible for the health or death of my animal(s).
- I agree to attempt to find alternate housing for my animal(s) as soon as possible.
- I agree to contact the agency on a regular basis to keep Butte County/NVADG updated on my whereabouts & possible alternate housing.
- I understand that this boarding agreement is temporary and I agree to make arrangements for or claim my pet(s) at the close of the shelter.
- I understand that I will be subject to boarding fees after the close of the shelter.
- I understand that photographs of myself and my animal(s) may be taken.

☐ I Allow or ☐ I Decline any photographs that are taken be released to the media or public view.

Owner's Signature

Date:

BC/NVADG Witness

I hereby acknowledge that I am the owner/responsible person for the above animal. I have taken custody of my animal and am now responsible for its and transportation.

Owner's Signature at Release

Date/ Time:

White - Impound Facility

Yellow - BCAC

Pink - Citizen Copy

Trans to Pet business



## Kennel Record

# A015456

E139A

E139A is a female, brn tabby domestic sh, 3 years

### Treatment History

T19-009028 01/19/19

NORMAL

BCAC: Preventative: Advantage II

Rabies Vaccination given: 12/01/18 (Rabvac 3)

FVRCP+L: 12/01/18 FVRCP+L: 12/16/18

Burn Treatments R front, L hind

Intake Type

RETURN

Due Out Date

01/22/19

Intake Date

01/22/19

Reason

Kennel Status

UNAVAIL

Hold Notify



MICROCHIP: 98212605413

Location Picked Up/Found:

ADOPTER CHANGED MIND.

### Animal Notes & Behavior History

Note: ADOPTED FEB. 21, 2019

**Town of Paradise Animal Control**

925 American Dr. Paradise, CA 95969

530-872-6275

Intake By: JR

Printed 03/18/19 12:01 PM by SKAMM



# Animal Intake Form

Evac Event #:

Animal ID #:

Incident Name:

Received By:

Disaster Shelter 530.538.7019 - NVADG Hotline 530.895.0000 - BCAC Office 530552.3888

Date: 11/18/18	Time: 1724	# of animals by the owner at this shelter:
<b>Owner:</b>		
Name:	Cell #:	DL#:
Address: 1683 Gate Lane Paradise		Alt. Contact Name:
		Alt. Contact #:
Where will the owner be staying during the emergency:		
Stray animal picked up at:		
<b>Animal Description:</b>		
Dog <input type="checkbox"/>	Cat <input checked="" type="checkbox"/>	Other <input type="checkbox"/>
Male <input type="checkbox"/>		Female <input type="checkbox"/>
Spayed <input type="checkbox"/>		Neutered <input type="checkbox"/>
Breed: Domi.		Approx. Age:
Color: Brown Tabby		Markings:
Animal Wearing Collar?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, describe
Animal Wearing Tags?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, describe
Microchipped?	Yes need scan <input type="checkbox"/>	Yes (#) No <input type="checkbox"/>
Special Needs/Remarks		
Has the owner been notified? No <input type="checkbox"/> Phoned <input type="checkbox"/> Results: Paperwork Left <input type="checkbox"/>		

## Liability Release

Due to a declared emergency, I am requesting Butte County Animal Control/NVADG to board my animal(s) (listed above) and agree to all of the following:

- I understand that my animal(s) may be exposed to disease and other risks while being housed at the shelter or other facilities and therefore I will not hold Butte County/NVADG responsible for the health or death of my animal(s).
- I agree to attempt to find alternate housing for my animal(s) as soon as possible.
- I agree to contact the agency on a regular basis to keep Butte County/NVADG updated on my whereabouts & possible alternate housing.
- I understand that this boarding agreement is temporary and I agree to make arrangements for or claim my pet(s) at the close of the shelter.
- I understand that I will be subject to boarding fees after the close of the shelter.
- I understand that photographs of myself and my animal(s) may be taken.

☐ I Allow or ☐ I Decline any photographs that are taken be released to the media or public view.

Owner's Signature

Date: 11/18/18

BC/NVADG Witness

I hereby acknowledge that I am the owner/responsible person for the above animal. I have taken custody of my animal and am now responsible for its care and transportation.

Owner's Signature at Release

Date/ Time:

White - Impound Facility

Yellow - BCAC

Pink - Citizen Copy



ANIMAL ID NUMBER E139A

(Return **Care Schedule** with clipboard to Intake when animal is released.)

Revised 5/16/2016



**Kennel Record**

**# A015578**

**CC231**

Treatment History

**Cc231 is a male, gray and white domestic sh, 3  
years**

Intake Type

**STRAY**

Due Out Date

**01/18/19**

Intake Date

**12/20/18**

Reason

Kennel Status

**UNAVAIL**

Hold Notify

**Sorry No  
Image at this  
Time :(**

Location Picked Up/Found:

**6835 PENTZ ROAD**

Animal Notes & Behavior History

NOTE: RTO 12/29/18

Intake By: JR

Printed 03/18/19 10:19 AM by jrobins



ACTIVITY NUMBER

## BUTTE COUNTY ANIMAL CONTROL

202 MIRA LOMA DRIVE  
OROVILLE, CALIFORNIA 95965  
(530) 538-7409 • (530) 891-2907  
FAX (530) 538-6329

13/65

ANIMAL ID NUMBER

CC 231

Impound Facility

Bite #

Received By Jennifer Aceves

## IMPOUND FORM

Date Impounded 11/16/18 Time 1930 a.m. / p.m. Release Date \_\_\_\_\_ Officer \_\_\_\_\_Animal picked up at Near 6835 Pentz Rd. (found by PG & E worker  
address (include closest cross street) Eric Rogers)Reason for Impound fiveDog \_\_\_\_\_ Cat ☒ Other \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ S \_\_\_\_\_ N \_\_\_\_\_Breed Dstt Approx. Age \_\_\_\_\_Color gray / white Markings white chest, mostly black nose  
triped @ earAnimal wearing collar? Yes \_\_\_\_\_ No ☒ If yes, describe \_\_\_\_\_Animal wearing tags? Yes \_\_\_\_\_ No ☒ If yes, describe \_\_\_\_\_

Microchipped? Yes (#) \_\_\_\_\_ No \_\_\_\_\_

Condition of Animal good Remarks \_\_\_\_\_Owner of Animal RTO - GUS & TERESA GARDNER (209) 229-0221  
Telephone6845 Pentz Rd

Address

Paradise

City

Zip

12/29/18☐ Phoned \_\_\_\_\_☐ Impound Copy: Date Left \_\_\_\_\_Has owner been notified? ☐ Letter: Date Sent \_\_\_\_\_

## SURRENDER STATEMENT

I, the undersigned, owner or having control of the above described animal, release all claims to it to the Butte County Animal Control. I agree to hold the Butte County Animal Control, and it employees, free of all liability resulting from such transfer.

I also certify that to the best of my knowledge the said animal has / has not bitten any person within the past 14 days.  
(circle one)

I have read the above and understand the conditions.

DATE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_



## Kennel Record

# A015453

CA127B

Ca127B is a female, brn tabby and org tabby domestic sh, 3 years

## Treatment History

T19-009025 01/19/19

NORMAL

BCAC: Preventative: Fipronil (Frontline) given 11/17/18

FVRCP: 11/18/18 FVRCP+L 12/09/18

Rabies Vaccine (Rabvac 3) given: 12/01/18

Intake Type

STRAY

Due Out Date

01/19/19

Intake Date

11/14/18

Reason

Kennel Status

UNAVAIL

Hold Notify



MICROCHIP: 982126054131

Location Picked Up/Found:

MICROCHIP# 982126054138395

## Animal Notes & Behavior History

NOTE: TRANSFERRED FROM DEL ORDO BUTTE COUNTY  
ON December 20th, 2018

TRANSFERRED TO PLACER COUNTY Animal Services  
1/29/2019

**Town of Paradise Animal Control**

925 American Dr. Paradise, CA 95969

530-872-6275

Intake By: SK

Printed 03/18/19 9:44 AM by SKAMM



# Animal Intake Form

Disaster Shelter 530.538.7019 - NVADG Hotline 530.895.0000 - BCAC Office 530.552.3888

Date: 11.14.18	Time:	# of animals by the owner at this shelter:
Owner:		
Name:	Cell #:	DL#:
Address: 5000	Alt. Contact Name:	
	Alt. Contact #:	
Where will the owner be staying during the emergency:		
Stray animal picked up at: 5322 EDGEWOOD LANE PARADISE SR. HOME PARK		
Animal Description:		
Dog <input type="checkbox"/>	Cat <input checked="" type="checkbox"/>	Other 1 OF 6
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Spayed <input type="checkbox"/>
Breed: BROWN TABBY		Neutered <input type="checkbox"/>
Color:		Approx. Age:
Markings:		
Animal Wearing Collar?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, describe		
Animal Wearing Tags?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, describe		
Microchipped?	Yes need scan <input type="checkbox"/>	Yes (#)
		No <input type="checkbox"/>
Special Needs/Remarks		
Has the owner been notified?	No <input checked="" type="checkbox"/>	Phoned <input type="checkbox"/>
Results:		Paperwork Left <input type="checkbox"/>

## Liability Release

Due to a declared emergency, I am requesting Butte County Animal Control/NVADG to board my animal(s) (listed above) and agree to all of the following:

- 1) I understand that my animal(s) may be exposed to disease and other risks while being housed at the shelter or other facilities and therefore I will not hold Butte County/NVADG responsible for the health or death of my animal(s).
- 2) I agree to attempt to find alternate housing for my animal(s) as soon as possible.
- 3) I agree to contact the agency on a regular basis to keep Butte County/NVADG updated on my whereabouts & possible alternate housing.
- 4) I understand that this boarding agreement is temporary and I agree to make arrangements for or claim my pet(s) at the close of the shelter.
- 5) I understand that I will be subject to boarding fees after the close of the shelter.
- 6) I understand that photographs of myself and my animal(s) may be taken.

☐ I Allow or ☐ I Decline any photographs that are taken be released to the media or public view.

Owner's Signature

Date:

BC/NVADG Witness

I hereby acknowledge that I am the owner/responsible person for the above animal. I have taken custody of my animal and am now responsible for its care and transportation.

Owner's Signature at Release

Date/ Time:

White - Impound Facility

Yellow - BCAC

Pink - Citizen Copy



# Animal Intake Form

Disaster Shelter 530.538.7019 - NVADG Hotline 530.895.0000 - BCAC Office 530552.3888

Date: 11.14.18		Time:		# of animals by the owner at this shelter:	
Owner:					
Name: Found		Cell #:		DL#:	
Address: 545 Hickory Paradise				Alt. Contact Name:	
\$				Alt. Contact #:	
Where will the owner be staying during the emergency:					
Stray animal picked up at:					
Animal Description:					
Dog <input type="checkbox"/>		Cat <input checked="" type="checkbox"/>		Other <input type="checkbox"/>	
Male <input type="checkbox"/>		Female <input type="checkbox"/>		Spayed <input type="checkbox"/>	
Neutered <input type="checkbox"/>					
Breed: DLH				Approx. Age:	
Color: Gray / Wht				Markings:	
Animal Wearing Collar?		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
		If yes, describe			
Animal Wearing Tags?		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
		If yes, describe			
Microchipped?		Yes need scan <input type="checkbox"/>		Yes (#)	
				No <input type="checkbox"/>	
Special Needs/Remarks					
Has the owner been notified?		No <input type="checkbox"/>		Phoned <input type="checkbox"/>	
		Results:		Paperwork Left <input type="checkbox"/>	

## Liability Release

Due to a declared emergency, I am requesting Butte County Animal Control/NVADG to board my animal(s) (listed above) and agree to all of the following:

- 1) I understand that my animal(s) may be exposed to disease and other risks while being housed at the shelter or other facilities and therefore I will not hold Butte County/NVADG responsible for the health or death of my animal(s).
- 2) I agree to attempt to find alternate housing for my animal(s) as soon as possible.
- 3) I agree to contact the agency on a regular basis to keep Butte County/NVADG updated on my whereabouts & possible alternate housing.
- 4) I understand that this boarding agreement is temporary and I agree to make arrangements for or claim my pet(s) at the close of the shelter.
- 5) I understand that I will be subject to boarding fees after the close of the shelter.
- 6) I understand that photographs of myself and my animal(s) may be taken.

☐ I Allow or ☐ I Decline any photographs that are taken be released to the media or public view.

Owner's Signature

Date:

BC/NVADG Witness

I hereby acknowledge that I am the owner/responsible person for the above animal. I have taken custody of my animal and am now responsible for its and transportation.

Owner's Signature at Release

Date/ Time:

White - Impound Facility

Yellow - BCAC

Pink - Citizen Copy



# Animal Intake Form

Evac Event #:	Animal ID #: E192A
Incident Name: Camp Fire	Received By: Kim

Disaster Shelter 530.538.7019 - NVADG Hotline 530.895.0000 - BCAC Office 530552.3888

Date: 11/19/18	Time: 1755	# of animals by the owner at this shelter: 1
Owner:		
Name:	Cell #:	DL#:
Address:		Alt. Contact Name:
		Alt. Contact #:
Where will the owner be staying during the emergency:		
Stray animal picked up at: 481 Nunnely #18 Paradise		
Animal Description:		
Dog <input type="checkbox"/>	Cat <input checked="" type="checkbox"/>	Other <input type="checkbox"/> No chip
Breed: Tabby		Approx. Age:
Color: Orange	Markings:	
Animal Wearing Collar?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If yes, describe
Animal Wearing Tags?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, describe
Microchipped?	Yes need scan <input type="checkbox"/>	Yes (#) No <input type="checkbox"/>
Special Needs/Remarks: Scared ✓ paws		
Has the owner been notified?	No <input type="checkbox"/> Phoned <input type="checkbox"/>	Results: Paperwork Left <input type="checkbox"/>

## Liability Release

Due to a declared emergency, I am requesting Butte County Animal Control/NVADG to board my animal(s) (listed above) and agree to all of the following:

- I understand that my animal(s) may be exposed to disease and other risks while being housed at the shelter or other facilities and therefore I will not hold Butte County/NVADG responsible for the health or death of my animal(s).
- I agree to attempt to find alternate housing for my animal(s) as soon as possible.
- I agree to contact the agency on a regular basis to keep Butte County/NVADG updated on my whereabouts & possible alternate housing.
- I understand that this boarding agreement is temporary and I agree to make arrangements for or claim my pet(s) at the close of the shelter.
- I understand that I will be subject to boarding fees after the close of the shelter.
- I understand that photographs of myself and my animal(s) may be taken.

☐ I Allow or ☐ I Decline any photographs that are taken be released to the media or public view.

Owner's Signature

Date: 11/19/18

BC/NVADG Witness

I hereby acknowledge that I am the owner/responsible person for the above animal. I have taken custody of my animal and am now responsible for its care and transportation.

Owner's Signature at Release

Date/ Time:

White - Impound Facility

Yellow - BCAC

Pink - Citizen Copy





**Kennel Record**  
**# A015498**  
**STEVEN TYLER**

**Steven Tyler is a neutered male, brn tabby and white domestic mh, 9 years**

**Treatment History**

**T19-009056 01/29/19 NORMAL**  
**NVADG-BCAC Rabies Vaccine & FVRCP given 12/20/2018**

Intake Type  
**STRAY**

Due Out Date  
**12/23/18**

Intake Date  
**11/23/18**

Reason

Kennel Status

**AVAILABLE**

Hold Notify



*1/29 TRANSFERRED TO RACER Co. AS.*

Location Picked Up/Found:

**SAWMILL RD/BIG PINE CHIP#900079000632795**

Animal Notes & Behavior History

Intake By: SK

Printed 01/29/19 12:22 PM by SKAMM

**Town of Paradise Animal Control**  
**925 American Dr. Paradise, CA 95969**  
**530-872-6275**



## Butte County Animal Passport



### Part I - Identification of Animal

Name/Location Paradise	Shelter ID Steven Tyler	Microchip # 900-079-000-632-795	Sex Male / altered
Breed CAT	Second Breed DMH	Color Brown Tabby	Second Color White feet and chest
Age Senior 9yrs	Special Markings	Date Found 11.23.2018	Location Found Sawmill and Big Pine
		Additional Notes: Treated for burns Dr. Darling	
			

### Part II - Identification of Butte County Point of Contact

--	--	--

### Part III - Health Examination

Vaccination	Date of administration	Preventative	Date of Administration
Rabies (required)	12.20.2018		
FVRCP	12.20.2018		

FVRCP: R = Rhinotracheitis; C = Calicivirus; P = Panleukopenia; L = Feline Leukemia

Pertinent History:



## Butte County Animal Passport



### **Part IV - Agreement of sheltering group**

1. The animal depicted here is a resident of Butte county and is under the full control and management by Butte county Animal Services. All decisions regarding medical care, adoption, movement and handling must be cleared by Butte County Animal Services.
  2. Any medical issues with this animal must be conveyed to Butte County Animal Services via point of contact above. Animals needing advanced veterinary care can be referred to UC Davis VMTH Hospital in coordination with Butte County Animal Services.
  3. The Butte County Animal Passport will be valid for a period of 4 months and subject to renewal.
  4. The caretaking institution is responsible for proper husbandry and good animal welfare.
- I agree to the above clauses and will uphold agreements made with Butte county.



## VACCINATION CERTIFICATE

Account #: 3600

Owner: Camp Fire Cats

Address: Durham, CA 95928

Phone: 530

Animal: Steven Tyler

Species: Feline

Breed: Domestic Medium Hair

Color: Tabby

Gender: Male

Birthdate: 12/20/2009

Age: 9 years 3 days

Weight: 8.30

Chip #:



Date	Vaccine	Manufacturer	Serial #	Type	Tag #	Due on
12/20/2018	Rabies - 1 Year					12/19/2019
12/20/2018	FVRCP -1 Year					12/19/2019



**Darling Veterinary Clinic**  
**2520 Dominic Drive, Suite 145**  
**Chico, CA 95928**  
**(530) 892-8910**  
**darlingvetclinic@yahoo.com**

  
Gary Darling, DVM

12/21/2018

Revolution 12/6

ACTIVITY NUMBER

# BUTTE COUNTY ANIMAL CONTROL

202 MIRA LOMA DRIVE  
 OROVILLE, CALIFORNIA 95965  
 (530) 538-7409 • (530) 891-2907  
 FAX (530) 538-6329

1/9  
 ANIMAL ID NUMBER

CC261

Impound Facility

Bite #

Received By

Jennifer  
 Acers

## IMPOUND FORM

Date Impounded 11/23/18 Time 1000 a.m. Release Date Officer

Animal picked up at Corner of Sawmill Rd & Big Pine lane  
address (include closest cross street)

Reason for Impound Campfire

(Picked up by Brandon Mackie) (734) 790-8393

Dog Cat ☒ Other M F S N

Breed DLH Approx. Age

Color Grey / Black Markings

Animal wearing collar? Yes No If yes, describe

Animal wearing tags? Yes No If yes, describe

Microchipped? Yes (#) No

Condition of Animal Remarks

Owner of Animal

Telephone

Address

City

Zip

☐ Phoned

☐ Impound Copy: Date Left

☐ Letter: Date Sent

Has owner been notified?

## SURRENDER STATEMENT

I, the undersigned, owner or having control of the above described animal, release all claims to it to the Butte County Animal Control. I agree to hold the Butte County Animal Control, and its employees, free of all liability resulting from such transfer.

I also certify that to the best of my knowledge the said animal has / has not bitten any person within the past 14 days.  
(circle one)

I have read the above and understand the conditions.

DATE

PRINTED NAME SIGNATURE

ADDRESS

CITY ZIP TELEPHONE NO.



Intake # CC2161

(Return Care Schedule with clipboard to Intake when animal is released.)

Picture YES \_\_\_\_\_Revised 5/21/0214



VCA Valley Oak Veterinary Center  
2480 Dr. Martin Luther King Jr. Pkwy  
Chico, CA 95928  
(530) 342 - 7387

1A

Client		Patient	
Name: Paradise Animal Control	Home: Work: Mobile: (530) 872 - 5911 Email 1: janirislover@gmail.com Email 2: Client Initials: _____	Name: 2018-11-23 DLH Sawmill Rd (# 39705)	Species: Feline Breed: Domestic Long Hair Color: Gray And Black Sex: Male Neutered Birth: Age: Weight:
Chart #: 91750		180	6.1 lb
Address: 925 American Way Paradise, CA 95969		am fair pink	cr 2

Visit Reason: Injury / Injured / Trauma: VCA Valley Oak Appt: 11/23/2018 at 17:32 Checked in at: 17:32

Answer the following questions about 2018-11-23

	Good	Fair	Poor
Appetite is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energy level is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breath is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin/Coat condition is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ears are	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nails are	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Current Diet \_\_\_\_\_  
Quantity per Day \_\_\_\_\_ Canned \_\_\_\_\_ Dry \_\_\_\_\_  
Current Medication \_\_\_\_\_

2018-11-23 DLH Sawmill Rd's records show that the following vaccines are due

Procedure	Due Date	Status
Physical Exam		Review
Fel Panleukopenia		Review
Fel Leukemia		Review
Fel Heartworm RX		Review
Fel Dental Cleaning		Review

Procedure	Due Date	Status
Fel Rabies		Review
Fel Respiratory Virus		Review
Fecal Exam		Review
Fel Flea Prevention		Review

Alert:

Appointment Notes: burned paws- found at the corner of sawmill rd and big pine ln krl

NVADG - said no chip

dehydrated - 8

.05  
at Dex > to do  
0.1 Ket feet  
0.15 ml Bupren

Thank you for trusting us with your pet's care. Your friends at VCA Valley Oak Veterinary Center.

**x: Male Neutered**

**E.C.G.**

① eye ulcer



#: 91750  
American Way Paradise, CA 95969  
r: (530) 872 - 6275 Back line: (530) 872 - 6276  
(530) 872 - 5911  
18-11-23 DLH Sawmill Rd (#39705)  
ies: Feline - Domestic Long Hair  
or: Gray And Black DOB:  
: Male Neutered

Weight: 7.4 lbs 3.4 kg  
Procedure Bandage  
Surgeon TL RVT (Dn) ASST. PH

Date 11/26/00

Dr Exam & approval

P R MM CRT BP  
Time Initials

Pre anesthetic

Blood Drawn

Dr. Review

Pre Anes

Pain Control

IV Catheter

Induction:

Et Tube Size

Procedure:

Anesthesia

Start Time

Start Time

End Time

Extubation Time

Total fluids given

Monitoring		Time:	5	10	15	20	25	35	40	45	50	55	5	10	15	20	25	35	40	45	50	55
Agents:			ml/hr					ml/hr					ml/hr					ml/hr				
Fluids:																						
Meds:																						
Oxygen Flow																						
Vaporizer Setting																						
Duration																						
Systolic P		V																				
Diastolic P		A																				
Mean P		-																				
Heart Rate		X																				
Resp. Rate		O																				
SPO2		S																				
End Tidal CO2		E																				
Temperature(F)																						
E.C.G.																						

additional  
Butorphanol 0.03ml  
& Dexdomitor 0.05ml  
IV @ 10:50

Client: **Paradise Animal Control (91750)**  
Patient: **2018-11-23 DLH Sawmill Rd (39705)**

Provider: **Tori Letner, DVM**  
Record Date: **26-Nov-2018**



## SEDATION REPORT

Page 1 of 1

### Client

**Paradise Animal Control**  
**872-6275 jen**  
Other: (530) 872-6275

925 American Way  
Paradise, CA 95969

### Patient

**2018-11-23 DLH Sawmill Rd**      Gray And Black  
Feline      Male / Neutered - 7.4 lb  
Domestic Long Hair      (26-Nov-2018)

**26-Nov-2018 Sedation - Draft**

**Tori Letner, DVM**

### Sedation procedure

Sedated with Butorphanol 0.06 mls IV, Dexdomitor 0.10 mls IV, Ketamine 0.03 mls IV:  
Bandages removed from pelvic limbs - cleaned wounds gently with sterile saline. Dried feet and applied the gabapentin cream mixture: Gabapentin, Ketamine, Diclofenac gel, lidocaine, prilocaine. Let cream sit for 15 minutes and then rinsed with sterile saline. Dried feet and applied Honey cream mixture: Manuka honey, olive oil, coconut oil, bees wax  
Applied Telfa pad, cast padding, cling, vet wrap and elasticon.  
Bandage removed from thoracic limbs:  
RTL has adaptic clear bandage over the wound. There is a tilapia skin graft covering approx half the wound. Some of the tilapia has slipped down off wound revealing a 1.5 x 2 area of granulation tissue with central area of bone exposure. Had to trim the tilapia here as it had dried out. Cleaned this area of the wound gently with sterile saline. And left the remaining tilapia in place with Adaptic bandage over it. Dried feet and applied the gabapentin cream mixture: Gabapentin, Ketamine, Diclofenac gel, lidocaine, prilocaine.  
Let cream sit for 15 minutes and then rinsed with sterile saline. Applied Honey cream mixture: Manuka honey, olive oil, coconut oil, bees wax to the small area that did not have tilapia over it. Applied Telfa pad, cast padding, cling, vet wrap and elasticon.  
LTL has tilapia in place and Adaptic clear bandage overlaying. Did not treat this paw. We replaced the outer bandage and rewrapped with, cast padding, cling, vet wrap and elasticon.  
Bandages changes will be due again on all 4 feet in 2 days.



**26-Nov-2018 Progress note**

Kara Smith, DVM

09:11

PLANS

**Superficial corneal ulcer**

Continue BNP TID.

**Burn victim**

D/C IVF today. Flush IVC q 8 hours.

Continue buprenorphine and BNP as directed.

**26-Nov-2018 Progress note**

Tori Letner, DVM

12:35

ASSESSMENTS

**Burn victim**

Healing wounds.

PLANS

**Burn victim**

1. Bandage changes of all 4 feet due in 2 days on 11/28/18. At that time we can remove or replace the tilapia skin graft if it has not adhered. If there is no tilapia available then okay to treat wounds with burn cream and manuka honey cream.
2. Cont with current plan and pain medications (buprenorphine) and BNP OU

**26-Nov-2018 Order items**

- Hospitalization Holding [49.168]: 24.00 hr
- Anesthesia Drug (Pick List) LINK [242.179]: 1.00 each
  - Butorphanol (Torbugesic) 10mg/mL/mL [53.9055] - Dose: 0.6 mg (Amt: 0.06 mL)
  - Dexmedetomidine (Dexdomitor) 0.5mg/mL/mL [53.9052] - Dose: 0.05 mg (Amt: 0.1 mL)
  - Ketamine (gen) 100mg/mL/mL [53.9034] - Dose: 3 mg (Amt: 0.03 mL)
- Bandage/Dressing: Routine [27.3]: 1.00 each
- Sedation [242.135]: 1.00 each
  - Anesthesia Drug (Pick List) LINK [242.179]: 1.00 each

25-Nov-2018 Exam

08:12 May prefer dry.

Kara Smith, DVM

PLANS

**Inappetence.**

Dry food noted in FLOW.

**Superficial corneal ulcer**

Continue BNP.

25-Nov-2018 Progress note

14:43

Petra Stoyanof, DVM

PLANS

**Burn victim**

Bandage change:

Sedated with dexmedetomidine 0.05ml, ketamine 0.1ml, buprenorphine 0.15ml. Mildly reactive at end of bandage change.

Removed wraps.

RTL: fish skin and Tegaderm in place over dorsal antebrachial wound, burns to paw. Left fish skin in place.

LTL: fish skin and Tegaderm in place over paw. Left fish skin in place.

For burns without fish skins, placed honey on paws and placed Adaptic and Telfa over paws. Applied bandages x4.

Reversed with atipamezole IM.

If clean, pelvic limb bandages can be changed in 2 days, thoracic limb bandages in 2-4 days.

25-Nov-2018 Progress note

19:20

Kara Smith, DVM

PLANS

**Burn victim**

SW DVM that did bandages today - she said burns warrant pain meds.

Buprenorphine added TID to FLOW>

25-Nov-2018 Order items

- Hospitalization Holding [49.168]: 7.00 hr
- Hospitalization Holding [49.168]: 17.00 hr
- Buprenorphine (Buprenex) 0.3mg/mL/mL [53.351] - Dose: 0.06 mg (Amt: 0.2 mL)

26-Nov-2018 Progress note

09:11

Kara Smith, DVM

CLIENT INTERVIEW

General findings

**Day 4 hospitalization** - Vitals WNL.  
Eats well. Bandages changed yesterday.

EXAM FINDINGS

Whole body

General findings

... - BAR, friendly cat.  
Corneal ulcer OD - looks sl. larger than yesterday.  
Bandages in place X 4 paws.  
Shaved ventral chest and abdomen.  
Singed face/healing well.  
Good appetite.

ASSESSMENTS

**Inappetence.**

Resolved.

**Superficial corneal ulcer**

Epithelium that is not healing may be sloughing.  
Hopefully this heals from the deeper layers up.

**Burn victim**

Doing great.

\*Documents are available as separate attachments or files.

VCA Valley Oak Veterinary Center

2480 Dr. Martin Luther King Jr. Pkwy, Chico, CA 95928 | (530) 342-7387

**24-Nov-2018 Order items**

- Hospitalization/hour Level 1 Fel [49.250]: 7.00 hr
- Fluids IV Maintenance/hr [37.84]: 7.00 hr
- Hospitalization/hour Level 1 Fel [49.250]: 6.00 hr
- Fluids IV Maintenance/hr [37.84]: 6.00 hr

**Inpatient visit (25-Nov-2018 to 25-Nov-2018)**

Appointment Type: **Same Day** Provider: **Kara Smith, DVM** Sex / age / weight: **Male - Neutered / n/a / 6.1 lb** (26-Nov-2018)

**Concerns (Problem List)**

Active

- **Inappetence.** (25-Nov-2018)
- **Superficial corneal ulcer** (24-Nov-2018)
- **Burn victim** (24-Nov-2018)

**25-Nov-2018 Exam**

08:12

Kara Smith, DVM

CLIENT INTERVIEW

General findings

**Transfer of care** - Hospitalized 2 days ago for burns sustained in the CAMP fire. Pt was sedated and had bandages placed yesterday after a day of IVF. A Convenia and buprenorphine injection were given at 6 p.m Friday per treatment sheet. No pain medications given since then. Maintained overnight on LRS at 15 mls/hr, and BNP ointment q 8 hours d/t a corneal ulcer noted OD. Eating just a little today - previously ate some chicken and A/D.

EXAM FINDINGS

Whole body

General findings

- . - Attitude: Bright, responsive, and alert - friendly  
Ophthalmic Exam: Corneas clear and no ocular discharge, greasy eye OD, small superficial corneal ulcer visible, no blepharospasm  
Otic Exam: NSF  
Oral: Moderate tartar and gingivitis  
Nose/Throat: Normal  
Cardiovascular: purring  
CRT - 1-2 sec  
Mucous Membranes - Pink  
Respiratory: purring  
Abdominal Palpation: Normal palpation, no organomegaly, masses or tenderness  
Musculoskeletal: Normal gait, thin  
Body Condition Score - 4/9  
Integument: bandaged X 4 feet, smokey coat, flea dirt/burned debris in coat  
Lymph Nodes: No lymphadenopathy  
Genitourinary: No palpable renal or bladder abnormalities noted, external genitalia palpate and appear normal, large urinary bladder  
Neurologic: Normal mentation, no apparent deficits

ASSESSMENTS

**Inappetence.**

Offered dry and ate readily.

**Burn victim**

Bandages changes yesterday at noon.

**Superficial corneal ulcer**

Healing.

**Inappetence.**

\*Documents are available as separate attachments or files.

VCA Valley Oak Veterinary Center  
2480 Dr. Martin Luther King Jr. Pkwy, Chico, CA 95928 | (530) 342-7387

**24-Nov-2018 Exam****Travis Howarth, DVM****08:36**

Pelvic region	External genitalia	Normal - External genitalia normal size and shape, no tumors or discharge appreciated.
Integument	General findings	<b>Ulceration</b> - All 4 feet Soot caked on feet
	Skin and haircoat	Normal - Healthy coat, no evidence of ectoparasites, alopecia or pruritus.
Lymphatic system	Peripheral lymph nodes	No Peripheral lymphadenopathy
Musculoskeletal	Posture	Normal posture
	Ambulation	Normal gait
Nervous system	Brief neurological exam	Unremarkable - CN 2-12 intact, no CP deficits, normal placing responses all 4 limbs

**ASSESSMENTS****Burn victim**

Severe dehydration and malnutrition along with burns to the feet  
It is difficult to tell how burned feet are due to the debris

**PLANS****Burn victim****IVC**

Fluids LRS 150 ml bolus 2 hrs &gt; 15 ml/hr

Give food and water

Did not want to eat or drink and first, but did about 6 hrs later

Convenia 0.4 ml SQ

Buprenorphine (0.3 mg/ml) 0.3 ml IV

Deal with wounds tomorrow, when cat is hydrated

TH

**24-Nov-2018 Progress note****Dustine Spencer, DVM, Practice Limited to Surgery****14:00****ASSESSMENTS****Superficial corneal ulcer****PLANS****Burn victim, Superficial corneal ulcer**

- Sedation
  - Dexmedetomidine 25 mcg, Ketamine 10 mg and Buprenorphine 0.045 mg IM Right thigh
  - Adequate sedation for wound evaluation,
  - Required mask with Iso 1-2% to complete clip, clean and bandage placement x 4 limbs
- Procedure
  - Shaved all paws and cleaned limbs with dilute chx soln.
  - Soaked each paw with dilute chx and removed hemorrhagic debris and dirt
  - All four paws with second - third degree burns, some digits on RTL with bone exposure
  - Right TL carpus with third degree burn approx 3 x 4 cm
  - Dried and placed pain salve on all lesions, left for 15 minutes and rinsed off with sterile 0.9% saline
  - Bilateral PL paws - placed collagen powder and wrapped with light bandage
  - Left TL paw - placed collagen powder and wrapped with light bandage
  - Right TL paw - placed tilapia skin graft on carpal lesion and palmar aspect of paw/digits, covered in Tegaderm. Wrapped with light bandage.
- Patient awake by end of procedure
- FDT: OD 3-4 mm superficial uptake central globe. OS NSF. Applied BNP OD.
- Recovery
  - Smooth
  - Patient remained cold. Placed under Bair hugger.
- IVF 15 ml / hr
- Bandage change approx 3-4 days
- RX BNP Ophthalmic ointment OD q 8
- DVM: Amy Grimm

\*Documents are available as separate attachments or files.

VCA Valley Oak Veterinary Center

2480 Dr. Martin Luther King Jr. Pkwy, Chico, CA 95928 | (530) 342-7387

**Inpatient visit (23-Nov-2018 to 24-Nov-2018)**Appointment Type: **Emergency** Provider: **Travis Howarth, DVM** Sex / age / weight: **Male - Neutered / n/a / 6.1 lb** (26-Nov-2018)**Concerns (Problem List)****Active**

- Inappetence. (25-Nov-2018)
- **Superficial corneal ulcer** (24-Nov-2018)
- **Burn victim** (24-Nov-2018)

**23-Nov-2018 Order items**

- Exam Emergency After Close Late [3.202]: 1.00 exam
- Hospitalization Setup [49.320]: 1.00 each
- Hospitalization/hour Level 1 Fel [49.250]: 6.00 hr
- IV Fluids Setup [37.83]: 1.00 each
- Fluids IV Maintenance/hr [37.84]: 6.00 hr
- Cefovecin (Convenia) 80mg/mL/mL [53.344] - Dose: 32 mg (Amt: 0.4 mL)
  - In house. Refills: 0.
  - Your pet may be eligible for a rebate...Go to [zoetispetcarerewards.com](http://zoetispetcarerewards.com) for details.
- Buprenorphine (gen) 0.3mg/mL/mL [53.30] - Dose: 0.09 mg (Amt: 0.3 mL)

**24-Nov-2018 Exam****Travis Howarth, DVM****08:36**VITALS

	Temp (F)	HR	RR	SBP	CRT	MM color	Pain ([0-4])	BCS (/9)
08:36	101.7	180	30	115	< 2	Pink	2	3

CLIENT INTERVIEW

General findings **History** - NVADG said no chip  
Brought in from CAMP fire

Transfer of Care Hospitalization Update

EXAM FINDINGS

Whole body	Attitude	<b>Quiet</b>
	Activity	<b>Inactive</b>
	Mentation	<b>Depressed</b>
	Hydration	<b>Dehydration</b> - 10%
Eyes	Cornea	Clear and bright - OU
	Globe	<b>Enophthalmos</b>
	Vision	Apparent normal vision
Ears	External ear canal	Clean and free of debris and odor - AU
	Hearing	Apparent normal hearing
Mouth	Oral exam	Normal - Minimal tartar or gingival erythema.
	Teeth	<b>Calculus index I</b>
Thorax	Heart	No murmur or arrhythmia noted.; Synchronous Pulses - Strong femoral pulses bilaterally.
	All lung fields	Normal bronchovesicular sounds - All 4 quadrants.
Abdomen	Abdominal palpation	Unremarkable - The abdomen was soft and compliant no masses or organomegaly.

\*Documents are available as separate attachments or files.

## MEDICAL HISTORY

23-Nov-2018 to 25-Nov-2018

### Client

Paradise Animal Control (91750)  
872-6275 Jen  
Other: (530) 872-6275

### Patient

**2018-11-23 DLH Sawmill** Gray And Black  
**Rd (39705)** Male / Neutered - 7.4 lb (26-Nov-2018)  
Feline  
Domestic Long Hair

Most recent visit date: 25-Nov-2018  
Microchip No.: n/a  
Rabies tag ID / date : n/a

Patient Alerts: n/a

### Current medical overview: as of 26-Nov-2018

Service Reminders	Due Date
Physical Exam	Review
Fel Rabies	Review
Fel Panleukopenia	Review
Fel Respiratory Virus	Review
Fel Leukemia	Review
Fecal Exam	Review
Fel Heartworm RX	Review
Fel Flea Prevention	Review
Fel Dental Cleaning	Review

Weight by Age	Wt.	Record date
n/a		

Active Concerns	Established
Inappetence.	25-Nov-2018
Superficial corneal ulcer	24-Nov-2018
Burn victim	24-Nov-2018

Inactive Concerns	Established
n/a	

Resolved Concerns (since 23-Nov-2018)	Established	Resolved
n/a		

Medications (since 25-Nov-2017)	Amount	Disp. Date
<b>Cefovecin (Convenia) 80mg/mL/mL</b>	0.40 mL	23-Nov-2018
In house.		
24-Nov-2018 08:37: Your pet may be eligible for a rebate...Go to <a href="http://zoetispetcarerewards.com">zoetispetcarerewards.com</a> for details.		

# SAMPLE: COMPANION ANIMAL 24 HOUR TREATMENT / MONITORING RECORD

4.0#

Steve [signature]

Client ID: [signature]

Animal ID: STEVEN TYLER

Veterinarian:

Date: 11-26

Problem List:

- 1.
- 2.
- 3.
- 4.

am	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6
Initials																								
T									102.2	100.1														
P									Purring	192														
R																								
MM Colour									P	P														
CRT (sec)									<1sec															
Attitude									BAR															
Fluids mls/hr																								
Fluids in																								
Urine out																								
BM																								
Vomit																								
Food																								
Water																								
Medications																								
Diagnostics																								

VERY Hungry  
1/2 can all

# SAMPLE: COMPANION ANIMAL 24 HOUR TREATMENT / MONITORING RECORD

7.2#

Client ID:												Animal ID: STEVEN TYLER												
Veterinarian:																		Date: 11/27/18						
Problem List:																								
1.																								
2.																								
3.																								
4.																								
am	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6
Initials																								
T	100.9											101.9												
P	196											200/purr												
R	32											30												
MM Colour	P											PP												
CRT (sec)	4 sec											22												
Attitude	BAR											BAR												
Fluids mls/hr																								
Fluids In																								
Urine out																								
BM												Normal large												
Vomit																								
Food	good appetite											good AP												
Water																								
Medications	.1/1 Bup SQ																							
Diagnostics																								

at home 11/26



# SAMPLE: COMPANION ANIMAL 24 HOUR TREATMENT / MONITORING RECORD

Client ID:												Animal ID: <b>STEVE TYLER</b>												
Veterinarian:																		Date: <b>11/28</b>						
Problem List:																								
1.																								
2.																								
3.																								
4.																								
am	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6
Initials																								
T									180															
P									purring															
R									98.8															
MM Colour									36															
									P															
CRT (sec)									1 sec															
Attitude									BAR															
Fluids mls/hr																								
Fluids In																								
Urine out																								
BM																								
Vomit																								
Food																								
Water																								
Medications																								
Diagnostics																								

Δ bandages  
RF Talptra, healing well & 4

7.15

[illegible]

**SAMPLE: COMPANION ANIMAL**  
**24 HOUR TREATMENT / MONITORING RECORD**

Client ID:							Animal ID: STEVE TYLER																		
Veterinarian:																Date: 12/2/19									
Problem List:																									
1.																									
2.																									
3.																									
4.																									
am	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	
Initials																									
T																									
P																									
R																									
MM Colour																									
CRT (sec)																									
Attitude																									
Fluids mls/hr																									
Fluids in																									
Urine out																									
BM																									
Vomit																									
Food																									
Water																									
Medications	<div style="position: relative; height: 100px;"> <span style="font-size: 4em; position: absolute; left: -20px; top: 50%; transform: translateY(-50%);">}</span> <div style="position: absolute; left: 0; top: 0; width: 100%;">             K.O.I              T.O.I              Derm O.I              P.S.O.I           </div> </div>																								
Diagnostics	<div style="height: 100px;"> <p style="text-align: center;">Δ bandage</p> </div>																								

# SAMPLE: COMPANION ANIMAL 24 HOUR TREATMENT / MONITORING RECORD

Client ID:										Animal ID: <b>STEVE TYLER</b>															
Veterinarian:										Date: <b>12/3/18</b>															
Problem List:																									
1.																									
2.																									
3.																									
4.																									
am	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	
Initials																									
T																									
P																									
R																									
MM Colour																									
CRT (sec)																									
Attitude																									
Fluids mls/hr																									
Fluids in																									
Urine out																									
BM																									
Vomit																									
Food																									
Water																									
Medications																									
Diagnostics																									

0.1 ml Dexdomitor  
 0.1 ml Ketamine  
 0.1 ml Butorphanol  
 0.1 ml Antiprurazole

} IM

A bandage  
 healing well - RF dorsal aspect still  
 has kept

# SAMPLE: COMPANION ANIMAL 24 HOUR TREATMENT / MONITORING RECORD

Client ID:					Animal ID: <i>Steve Tyler</i>													
Veterinarian:													Date: <i>12-6-18</i>					
Problem List:																		
1.																		
2.																		
3.																		
4.																		

am	7	8	9	10	<p>Client #: 91750                  25 American Way Paradise, CA 95969                  Ther: (530) 872 - 6275 Back line: (530) 872 - 6276                  Fax: (530) 872 - 5911                  2018-11-23 DLH Sawmill Rd" (#39705)                  Species: <i>Feline</i> - Domestic Long Hair                  Color: <i>Gray And Black</i> DOB:                  Sex: <i>Male Neutered</i></p>										12	1	2	3	4	5	6
Initials																					
T																					
P																					
R																					
MM Colour																					
CRT (sec)																					
Attitude																					
Fluids mls/hr																					
Fluids in																					
Urine out																					
BM																					
Vomit																					
Food																					
Water																					
Medications					<p><i>0.1 Ant.</i>  <i>0.1 Dexam</i>  <i>0.1 But</i>  <i>0.1 Ket</i>  <i>Removed R.H. bandage - healed</i></p>																
Diagnostics																					

*Resolution typical  
ear mites*

TOWN OF PARADISE ANIMAL CONTROL  
Policies, Procedures and Operations Manual

adoption may be denied for a variety of reasons. These may include an individual appearing unstable, someone who does not agree to abide by the adoption conditions, or someone with a poor track record with the shelter or staff. Justification for the denial is given to the individual and, if handled tactfully, can be an excellent opportunity to educate. Staff writes the reason for denial on the application. A file folder of denied applicants is kept up-to-date at the shelter.

6. **Adoption Agreement.** Staff will review with the applicant the costs and responsibilities of pet ownership, including a thorough discussion of the adoption rules. Adopters are required to carefully read the Adoption Agreement and affix their signatures to this document indicating agreement to its terms, conditions, and health exam requirements. A staff member witnesses and dates the Agreement. The pet adopter receives his or her copy of the Agreement. The original Agreement is kept in the pet's file at the shelter.
  7. **Payment of Adoption Fees.** Adoption fees vary and can be found on the Town Master Fee Schedule.
  8. **Sterilization of the Animal.** The Town of Paradise Animal Shelter strives to ensure that the animals placed for adoption do not contribute to companion animal over-population. All animals will be spayed or neutered prior to adoption unless the health of the animal does not permit such surgery.
  9. **Medical Record.** Upon adoption, the animal's Medical Record is provided to the new owner. If an animal's medical history exists from a previous owner, any reference to the previous owner, including the address and telephone number, must be removed prior to the release of such medical information.
  10. **Forms.** The Log Sheet and Intake Form are updated to record the date of adoption and the name, address, and telephone number of the adopter. Evaluation and temperament forms are offered to the new owner. .
  11. **Refunds.** No matter how careful the shelter is in attempting to match the right pet with the right family, there are occasions where animals are returned to the shelter. Adoption fees are nonrefundable, except at the discretion of the Shelter Supervisor. Those fees are considered a donation.
  12. **Animal Returns.** For adopted animals returned to the shelter at any time, staff records the information on the Log Sheet. The adopter must return the Rabies tag, the Rabies Certificate, and any other information pertinent to the returned animal that was given to him or her at the time of adoption. At the Shelter Supervisor's digression, another animal may be chosen to adopt within a 30 day limit.
- C. **Foster Program** - The Town of Paradise Animal Shelter has a Foster Program for those animals who cannot or should not be housed at the shelter. The Foster Program is an avenue to rehabilitate "special needs" animals and house animals too young for adoption.
- D. **Euthanasia** - The Town of Paradise Animal Shelter strives to demonstrate a respect for quality of life for its animals. The Town of Paradise Animal Shelter operates as a no-kill facility. The shelter does not euthanize animals to make space for other animals. Although euthanasia is the final act of kindness that we can show

a critically ill, seriously injured, or dangerous animal, it is viewed as an alternative, only after very careful consideration, and always as a last resort. It is the policy of the Town of Paradise Animal Shelter that animals to be euthanized are handled with respect and sensitivity, and protected from stress, fear, discomfort, and pain.

1. Authorization Procedures. The decision to euthanize animals is made on a case-by-case basis. When deemed necessary for medical or behavioral reasons, and approved as indicated below, animals are humanely euthanized.
2. Medical Reasons. Critically ill or seriously injured domestic animals may be euthanized prior to conclusion of the six (6) work day holding period (the normal time allotted for owners to reclaim their pets). Those situations need immediate consideration and require approval by the Shelter Supervisor and attending veterinarian.
3. Behavioral Reasons. The decision to euthanize dogs and cats for behavioral reasons requires approval by the Shelter Supervisor, in consultation with the shelter veterinarian and shelter staff. Twenty-four (24) hour prior notification by the Shelter Supervisor to the Board is required. Questions or concerns of the Board should be brought to the attention of the shelter Supervisor within the time limit indicated. Under no condition may an animal that is under consideration for euthanasia for behavioral reasons be released from the shelter for adoption or foster whether it is to the public, volunteer, or staff member.
4. Humane Disposal. The remains will be humanely disposed.

## XI. REFERRAL SERVICES

Unfortunately, the Town of Paradise Animal Shelter is not equipped nor staffed to handle all animal situations. However, we do our best to refer those inquiries to others who may be able to help, as follows:

- A. Wildlife Animals. Inquiries about wildlife animals are referred to the California Department of Fish & Game, Butte County Trappers Association, Kirschner Wildlife Foundation, North Valley Animal Disaster Group, Bidwell Wild Life Rehabilitation.

## XII. GROOMING

Simply stated, clean animals are more adoptable than dirty animals. They are also more comfortable and generally healthier, all of which makes for a positive image to potential pet adopters. Shelter Staff or volunteers who wish to bathe and/or groom the dogs and cats may do so whenever possible. For animals whose fur is severely matted, the services of professional groomers are used.

Whole blood is used for FeLV-FIV tests

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